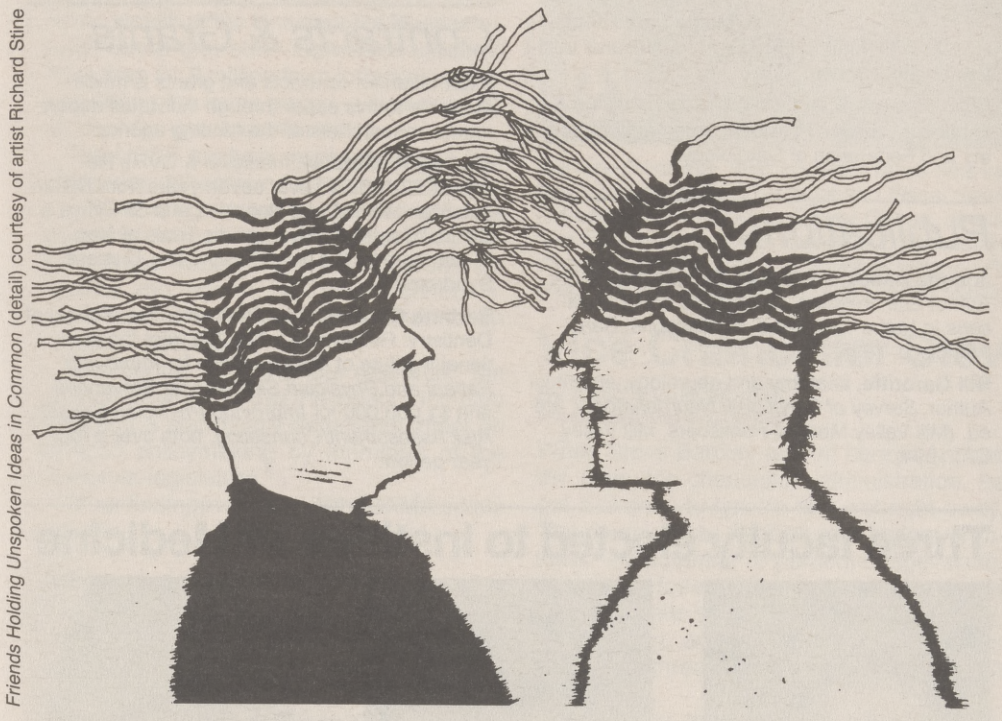
Volume 9, Number 18 October 29-November 11, 1994

UCSF Newsbreak

Special section — What must UCSF do to survive ?



Friends Holding Unspoken Ideas in Common (detail) courtesy of artist Richard Stine

Will Prop 187 "Save our State?"

By ALLEN J. BALDERSON

One of the more emotionally charged initiatives on the November 8 ballot is Proposition 187 — called the "Save Our State" initiative. If the law is adopted, illegal aliens would be ineligible for public social services, public health care services (except for emergency care), and public school education at elementary, secondary and post-secondary levels.

The initiative also would require various state and local agencies to report anyone who is suspected of being an illegal alien to the California Attorney General and the US Immigration and Naturalization Services.

It also would make it a felony to manufacture, distribute, sell or use false citizenship documents.

1.6 million illegal aliens in California today

It is estimated that there are some 1.6 million illegal aliens in California today, with another 125,000 entering every year. While they are ineligible for welfare, they do qualify for social services and health care programs that are available to all Californians.

Any child living in California has the right to attend public schools through high school. In fact, the US Supreme Court has determined that excluding children who are illegal aliens violates the federal constitution (*Plyler vs. Doe*). However, this decision does not apply to higher education. Presently, illegal aliens may attend public universities and colleges, however UC and the California Community Colleges generally require illegal alien students to pay a higher fee, similar to what an out-of-state student would pay.

Highly charged campus debate

The pros and cons of the "SOS" initiative were presented on campus on October 21 in an open forum co-sponsored by COMO (Council of Minority Organizations) and AFSCME. Representing "SOS" was Rick Oltman, chair of the Yes on 187 campaign. Speaking against 187 were health policy analyst Patricia Barrera, a lawyer with Public Advocates, Inc. and Lisa Maldonado, field representative for the ACLU.

When asked what the impact would be on denying education to illegal alien children, Oltman said, "There won't be a flooding of the streets with thousands of kids." He explained that the denial of education would get thrown into the courts and would have to be decided there, and "Besides," he added, "kids should be educated in their places of origin or at least have their parents pay for it."

Barrera concentrated on what most UCSF people wanted to hear and that was 187's effect on health care. "It is a policy of exclusion," she said, and explained that not only would illegal aliens be affected, but all low income people. It stands to reason that eventually public-funded health care will be eliminated because important funds will be put at risk."

In defending his position on its effect on health care, Oltman called Prop 187 fair and responsible. "It doesn't deny health care to

(See **PROP 187** *on page 2)*

Pinker speaks on the language within us at Gordon Tomkins Lecture & Concert

By ALLEN BALDERSON

"Shakespeare used 15,000 words," writes MIT professor Steven Pinker," and the average college graduate today knows 60,000." He goes on to say that understanding a sentence requires the ability to remember its early words as the later ones are spoken — "the remembrance of things passed." He then cites Lily Tomlin's line that the first sentence in history was probably, "What a hairy back."

Pinker, this year's Gordon Tomkins Lecturer, will show the campus his cheeky style and bold wit during a lecture on Thursday, November 10, at 4 p.m. in Cole Hall. His lecture will be based on his new book, *The Language Instinct: How the Mind Creates Language*, which delves into all aspects of language, how it works, how it is learned, how it changes, how it evolved, and how it interacts with the rest of the human mind.

At the core of Pinker's book is the research of Noam Chomsky, a linguist at MIT who in 1957 proclaimed a new doctrine — that language was innate, not learned. The problem some 40 years ago was that Chomsky, according to scholars, was so technical when attempting to explain his linguistic theories that he left most people in the dark, even the most learned scholars.

Pinker, however, who directs the McDonnell-Pew Center for Cognitive Neuroscience at MIT, has taken a complex subject and has explained it "with authority and grace ... making its thornier branches accessible to general readers."*

Pinker's research is in experimental and theoretical cognitive science, particularly visual cognition, language and its development in children. His 1984 book, entitled *Language Learnability and Language Development,* proposed a theory of how children acquire their mother tongue, while his 1989 book, *Learnability and Cognition*, developed a theory that attempts to explain how children learn the meanings and grammatical uses of verbs in everyday speech.

Pinker says that people are "prewired" at birth to learn a language — a "universal grammar" that enables them to make sense of speech. At an early age, between the ages of two and four, contends Pinker, that inborn system is heavily engaged, enabling tots to command complex grammatical structures and thousands of words without even being taught.

Pinker also has written several essays on language, including one on "politically correct" language for the *New York Times* Op-Ed Page, one on "language mavens" and their rules of grammatical usage for *The New Republic* and one on Darwin and human language for the *Times* Higher Education Supplement.

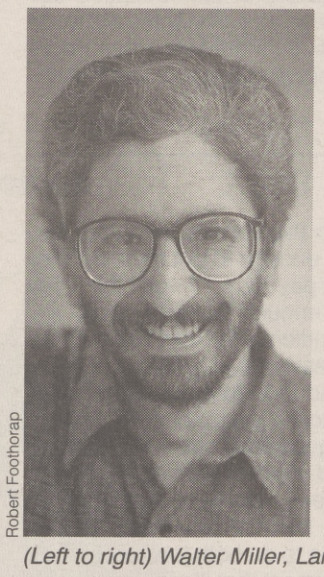
Preceding Pinker's discussion at 3 p.m., violist Leslie Tomkins, cellist Tanya Tomkins, violinists Josepha Fath and Barbara Riccardi and clarinetist Philip Fath will perform works by Mozart and Bartok. The first selection will be Mozart's *Quintet for Clarinet & Strings,* K. 581, (considered by many to be one of the greatest chamber music pieces) followed by Bartok's *Duets for Clarinet & Violin* (*The Bag Pipe, Ruthenian Dance, Scherzo, Arabian Dance*).

The annual Gordon Tomkins Lecture and Concert is made possible by the Herbert W. Boyer Fund and sponsored by the Department of Biochemistry and Biophysics. It honors Tomkins, who was a professor of biochemistry & biophysics at UCSF from 1969 until his death in 1975. He also was a skilled classical and jazz clarinetist and saxophonist. Tanya and Leslie Tomkins are daughters of Gordon Tomkins and are continuing the family's musical tradition.

Gordon Tomkins also was far ahead of his peers in his application of novel approaches and concepts to the study of cell regulation. His teachings encouraged students to think in terms of genetics and molecules when learning about hormone action.

The lecture and concert are open to the public. To ensure a seat, please plan to arrive early. There will be a reception following the lecture and concert from 5 to 7 p.m. at the Faculty/Alumni House.

*USA Today



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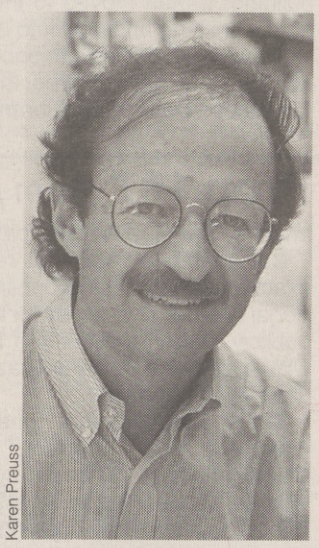


Karen Preuss

(Left to right) Walter Miller, Larry Shapiro, Harold Varmus

Walter Miller, Larry Shapiro, Harold Varmus elected AAAS members

Pediatricians Walter Miller and Larry Shapiro and microbiologist Harold Varmus have been elected fellows of the American Association for the Advancement of Science.

Miller, who had been working with the structure and evolution of growth hormone genes and the processing of pituitary proopiomelanocortin, concentrates his most recent work on the molecular biology of steroid hormone synthesis that has thrust him into international prominence and has had profound impact on our understanding of steroidogenesis. Miller is known to have offered a revolutionary insight into the mechanism of adrenal growth. In fact, he won the Endocrine Society's Edwin B. Astwood Lectureship Award in 1988 for his work in this field.

Shapiro has been chair of pediatrics since coming to UCSF in 1991. Recognized nation-

(See **AAAS** *on page 2)*

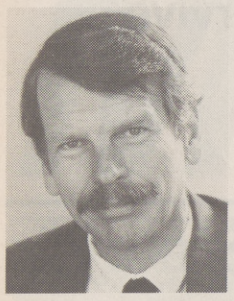
Prop 187 at a glance

- **Known as:** "Save Our State" initiative.
- **What it would do:** Deny illegal immigrants public schooling, social services and health care except for emergency care required by federal law. Require police, schools and hospitals to report suspected illegal immigrants. Make it a felony to make or use false documents.
- **Supporters:** Governor Wilson, former Immigration and Naturalization Service leaders Alan Nelson and Harold Ezell, the state Republican Party, several Republican lawmakers and local taxpayer groups, GOP Senate candidate Michael Huffington.
- **Opponents:** Democratic gubernatorial candidate Kathleen Brown, Senator Dianne Feinstein, President Bill Clinton, civil rights and Latino groups, California Teachers Association, California Medical Association, California State PTA, the state Democratic Party and most Democratic legislative leaders, as well as former Republican Cabinet members William Bennett and Jack Kemp.
- **Cost:** Would save the state and local governments about $200 million a year in reduced public service costs. But, it could cost state and local governments more than $100 million to verify citizenship the first year. California also could lose billions of dollars in federal funding for education, health and welfare programs.

Source: California Secretary of State

Gazette

Appointments



Hulley

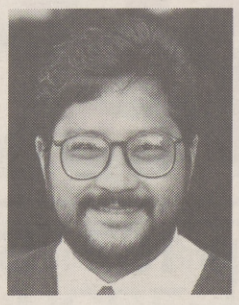
Stephen B. Hulley: Appointed chair, epidemiology and biostatistics. Hulley came to UCSF as an assistant professor in 1976 and has been vice chair of the department since 1985. In 1982 he created the Clinical Research Methods Workshop, which now trains over 100 fellows and faculty each year. His research focuses on the causes and prevention of coronary heart disease and AIDS, and he is an authority on the epidemiology of cholesterol. Hulley plans for the department to continue to promote classical methods of epidemiology and biostatistic teaching and research and for it to become more active in teaching evidence-based medicine and in promoting molecular epidemiology and outcomes research.

Service Awards

The awards listed were presented within the last year.

Angie Amuzie, 15 years, parking operations.
John W. Anderson, 30 years, facilities managment.
Linda Antolin, 20 years, Human Resources.
Kurt M. Blowienke, 10 years, facilities management.
Cheryl A. Buckins, 15 years, facilities management.
Nicanor E. Callado, 15 years, facilities management.
Vincent R. Carlisle, 10 years, facilities management.
Elba Clemente-Lambert, 20 years, Human Resources.
Kim K. Chu, 20 years, facilities management.
Pat Coleman, 25 years, Human Resources.
Andrew Collins, 15 years, facilities management.
Manuel S. Cote, 20 years, facilities managment.
Rebecca M. Diettinger, 10 years, stomatology.
Michael Dow, 10 years, transportation services.
Carol Fiuren, 10 years, stomatology.
Linda Hall, 15 years, Human Resources.
Nester Hall, 20 years, facilities management.
Yoshiko Hayashino, 30 years, anatomy.
Lee A. Jackson, 30 years, facilities management.
Kathleen L. Jee, 10 years, Instructional & Research Support Services.
Ruby Johnson, 15 years, facilities management.
Joan E. Kaiser, 10 years, Office of Research Affairs.
Zenon M. Kilomanski, 10 years, facilities management.
Lily Ling, 10 years, student financial services.
Andrea Marcellano, 10 years, General Clinical Research Center.

Honors & Awards



Nodado

Al Nodado, mail services: Mail Center Manager Award, US Postal Service, for operating one of the most efficient mail facilities in the Western US.

Patrica E. Benner, physiological nursing: Inducted into the Royal Academy of Nursing, England.

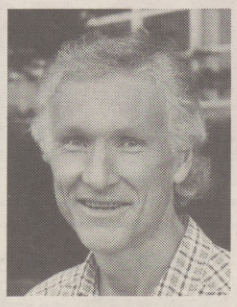
Gay Becker, social and behavioral sciences and medial anthropology: Editor, *Medical Anthropology Quarterly,* for a four-year term.

Anne M. Hughes, physiological nursing & SFGH: Community Service Award, Bay Area Commission for Human Rights.

Becker

Shirley A. McFaden, 15 years, anatomy.
Georgianne C. Meade, 20 years, facilities managment.
Candice H. Pon Mohamed, 15 years, Library.
Keith Moore, 15 years, Instructional & Research Support Services.
John T. Nitis, 10 years, parking operations.
George Obana, Jr., 15 years, facilities management.
Paul K. Riofsky, 10 years, stomatology.
Salvatore A. Russo, 10 years, facilities management.
William B. Sandstedt, 15 years, facilities management.
Dennis Seely, 20 years, Institute for Health Policy Studies.
Rosie So, 10 years, facilities management.
Christinia M. Stockton, 20 years, Instructional & Research Support Services.
Allen Terry, 10 years, Human Resources.
Eric Vermillion, 15 years, budget & financial analysis.
Jerry M. Villanueva, 10 years, facilities management.
Ilona E. Wilhite, 10 years, parking operations.

Remember Department managers! You need to send us information about your staff when they are eligible for service awards. Human Resources no longer notifies our office when a person receives their 5-year, 10-year, 15-year, etc. award. If you want to see your staff recognized in the paper (like we do), please send us the information when you contact Human Resources for your employee's award pin.



Sadee

Wolfgang Sadée, pharmacy & pharmaceutical chemistry: 1994 Service Award, American Association of Pharmaceutical Scientists.

Neal L. Benowitz, medicine, psychiatry, pharmacy, clinical pharmacology & experimental therapeutics: Received a Method to Extend Research in Time (MERIT) award, National Institute on Drug Abuse.

Elliot Rapaport, medicine, clinical medicine & cardiology, SFGH: President, International Society and Federation of Cardiology.

Publications

Joanne Handy, medical center administration: Author and co-editor, *Challenges and Innovations in Home Care* (ASA Publications, San Francisco, 1994).

Bill Garoutte, anatomy and neurology, emeritus: Author, *Survey of Functional Neuroanatomy,* 3rd ed. (Mill Valley Medical Publishers, Mill Valley, CA, 1994).

In Memoriam

Betty Ruth Preston, 58, senior head linen service worker, laundry and linen services, died in her sleep on Sunday, August 28. She was responsible for cleaning and distributing all the residents' labcoats. She was a member of the laundry and linen services department for 36 years and her co-workers say that not a day can be remembered in the department without her laughter and the beautiful smile that came along with it. They suggest that memorial donations can be made by hugging a friend that you cannot imagine living without.

Contracts & Grants

Information on contracts and grants is made available to this paper through individual departments, researchers or the funding agency.

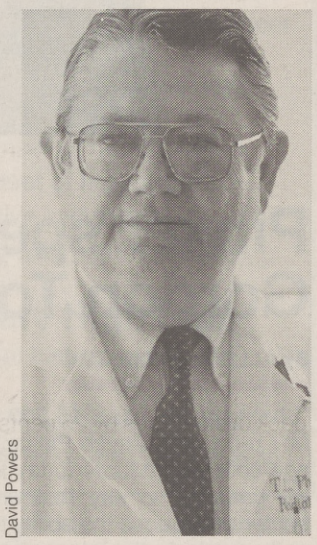
Michael A. Matthay, medicine & CVRI: Received $2,100,000 over seven years from NIH to establish Moffitt/Long Hospitals and SFGH as a Clinical Center for Therapeutic Trials of New Treatments for the Adult Respiratory Distress Syndrome.

Barbara Gerbert, behavioral sciences, School of Dentistry: Received $1,000,000 from the National Institute of Mental Health for *Improving Patient and Physician Skin Cancer Prevention* and $1,000,000 for *Improving Physician Sexual Risk Assessment/Counseling,* both over a four-year period.

Three faculty elected to Institute of Medicine

Allen J. Balderson

Sirline Photographers



David Powers

(Left to right) Nancy Adler, Jane Norbeck, Theodore Phillips

Nancy E. Adler, Jane S. Norbeck and Theodore L. Phillips have been elected to the Institute of Medicine of the National Academy of Sciences. A total of 50 new members were elected to the Institute, which is both an honor and obligation to work on behalf of the organization, its governance and its studies.

Adler is professor of medical psychology and director of the Health Psychology Program. She is a fellow in the American Psychological Society and the American Psychological Association, from which she received a Superior Service Award for her research on psychological factors in contraceptive use and unwanted pregnancy. She currently heads a planning initiative for the MacArthur Foundation on socioeconomic status and health.

Professor and dean of the School of Nursing since 1989, Norbeck's clinical specialty is psychiatric nursing, while her research focuses on pregnancy outcomes and on social support. Throughout her years as dean of the nursing school, it has been rated number one by *US News & World Report*.

Phillips is professor and chair of the Department of Radiation Oncology. Under his direction, the department ranks with those at Harvard and the National Institutes of Health as among the country's most prestigious, in part for actively testing innovative cancer therapies, including hyperthermia and chemical modifiers of radiation.

Take a look at The Browsing Room

The next time you're in the UCSF Library, or the next time you need a break and feel like checking out something interesting, why not take in the Browsing Room on the fourth floor of the library. The room is meant primarily for relaxation and pure pleasure reading, and includes a travel section (no scientific textbooks here). According to the Faculty Wives and Associates, which adopted the room as a special project in 1989, the space is operated on a shoestring and sustained by voluntary contributions. Borrowing is discouraged.

The Browsing Room is not new. In fact it's as much of a UCSF tradition as the clock now built into the east wall of Millberry Union. The room was first nothing more than a small corner in the Library in the old Medical School building. It then moved to the Medical Sciences building and now into our new library.

If you have appropriate books you'd like to donate, feel free to drop them off at the Circulation Desk in the Library.

AAAS *(from page 1)*

ally for his work in genetics, Shapiro specializes in research on the biology of the human sex chromosomes and the developmental processes that create a male or female. He also is looking at the mechanisms of inherited diseases related to disorders of metabolism.

Besides his clinical, educational and research activities in the Department of Pediatrics, Shapiro continues his own research studies, particularly his investigation into "X-chromosome inactivation," in which one of the two X chromosomes in the female turns itself off during the early stages of embryonic development.

Varmus is on leave from UCSF as head of the NIH, the most prominent position in biomedical science.

In 1989, he and fellow microbiologist J. Michael Bishop, head of the UCSF Hooper Foundation, won the Nobel Prize for Physiology or Medicine for their studies of genes that play a role in human cancer. They found that certain genes, called oncogenes, in normal cells can be "turned on" by chemicals, viruses and other substances to cause cancer.

Varmus also spends much of his time exploring how the genes carried by the AIDS virus allow it to do its deadly work.

Prop 187 *(from page 1)*

anyone. They just have to pay for it."

But agreement was not reached on the exact meaning of the proposition. Would an illegal alien be able to pay for health care at a publicly funded institution if he wanted to? Oltman said yes. Both Barrera and Maldonado gave an emphatic no.

The second area that remained a muddle was who was "suspect." Barrera and Maldonado read 187 as saying that all people who are suspect would be asked for proof of US citizenship. They contended that people of color would be most suspect. However, Oltman said that everyone would first be asked, and then would be suspect if they could not provide proof.

The issue of a public health risk also was addressed. Both Barrera and Maldonado stressed that if illegal aliens are not treated for infectious diseases they expose the rest of the population. "If there is a lack of immunization of children because they appear suspect, this could result in thousands of people being hospitalized," said Barrera.

Oltman said that if illegal aliens are smart enough to get to this country then they certainly are smart enough to get their children vaccinated, and pay for it. " I don't think you are giving them enough credit," he said.

Many in the audience felt that 187 puts the health care professional in a difficult postion. "I think it's a bad idea to encourage health care providers to be suspicious of their patients not having a rightful place in this country," said second-year medical student Sung Lee, who has been helping to staff an information table in Medical Sciences. "I don't think it's possible to do both jobs properly."

As to the argument that illegal immigrants drive up the cost of health care for everyone and contribute to the state's fiscal crisis, Barrera said, "You can't tell me that less than four percent of the people of California are responsible for this state's financial woes." Oltman contended that illegal aliens cost the state $200 million a year.

But, "Will Prop. 187 help stop the flow of illegal immigrants into California?" On November 8, you get to decide.

UCSF *Newsbreak*

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Deadline for the next issue, which will cover November 12-25, will be on **Tuesday, November 1, at 11 a.m.** Please send campus news copy to Allen Balderson (476-3163), Medical Center news to Lisa Cisneros (476-3256), and calendar and gazette items to Michele Firpo (476-3257), all at Box 0462; fax 476-3541. Last-minute copy may be taken over the telephone by calling the above telephone numbers. The University of California is an affirmative action/equal opportunity employer.

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Tobacco money sways California legislators

By REBECCA HIGBEE

Members of the US Congress and the California Legislature are influenced by tobacco industry campaign contributions, according to an analysis by UCSF researchers Stanton A. Glantz and Michael E. Begay.

Reporting in the October 19 issue of the *Journal of the American Medical Association,* the UCSF team states that their study provides "the first objective evidence" to support this conclusion.

Glantz, professor of medicine and a researcher in the Institute for Health Policy Studies, and Begay, now with the School of Public Health at the University of Massachusetts, found that state legislators collected more than $1.2 million from tobacco companies during the same period — half as much as all of Congress combined.

The UCSF analysis involved data in four categories: tobacco industry campaign contributions to legislators, constituent attitudes toward tobacco control, evaluation of legislative members according to individual characteristics and records on tobacco control issues, and members' voting histories on tobacco-related bills.

"The central finding of our research," the co-authors write, "is that the tobacco industry is having a statistically detectable effect on tobacco policymaking by members of the California legislature."

Other findings reported in the JAMA article include:

Voting vs. constituents' wishes

Glantz's and Begay's analysis was based on information from the California Tobacco Survey, a random-digit-dialing telephone survey (24,296 respondents) conducted for the California Department of Health Services from May 1990 through March 1991.

Survey results showed exceptionally strong support for anti-tobacco educational activities, with 95 percent of the public believing education should be increased or maintained, the UCSF co-authors report. Proposition 99 (the Tobacco Tax and Health Promotion Act), which was passed by California voters in 1988, increased the state tobacco tax on a pack of cigarettes by 25 cents and mandated that 20 percent of the new revenues raised be used to fund tobacco education and prevention programs.

However, the co-authors write, only 14 percent of tax revenues have been spent for these programs. The other Proposition 99 revenues "have been diverted into medical service programs that do not adversely affect tobacco consumption," they add.

Allen J. Balderson

Barclay (front row, third from left) takes time out during a retreat with some of his pioneers including (front row, left to right) Terry Johnson, assistant vice chancellor, Business and Fiscal Services; Randy Lopez, director, Staff Personnel Services; Alma Sisco-Smith, manager, Sexual Harassment Prevention; Robert Obana, director, Budget & Analysis; Stella Hsu, director, Campus Auxiliary Services; (back row, left to right) William Neff, assistant vice chancellor, Administration; Harry Cordon, director, Audit Services; Shelley Drake, chief campus counsel; Joe Mattox, director, Faculty, Staff & Student Assistance Program; Claudette Johnson, assistant to the senior vice chancellor; Michael Adams, director, Affirmative Action/Equal Opportunity; Jason Mavis, assistant vice chancellor, Facilities Management.

Vice Chancellor Steve Barclay means business

By ANDY EVANGELISTA

When Steve Barclay arrived here in April as the new vice chancellor–administration, he got a chance to get his feet wet right away. The campus was flooded with budget problems — a potential 10 percent budget slash, changes in federal rules that could have cost research units several million dollars in indirect support, and cuts in facilities management that threatened the jobs of some 40 custodians.

Eventually, the campus survived that period and minimized the damages. The budget cut was reduced to 5 percent, clarity of the new federal guidelines spelled less than the worst case scenario, and adjustments were made to retain the custodians, many of whom were longtime career employees.

Like many other institutions, UCSF suffers today from what Barclay diagnoses as the "primary malady of the 90s — shrinking resources." And he is here to pump new life into an administration that has been forced to deal with diminishing dollars. An administrator at UC Berkeley for 12 years, Barclay came here with a reputation for being able to streamline administration, reduce costs, and at the same time improve services. His challenge at UCSF is to "do more with less."

"We've taken budget cuts in administration totaling almost 30 percent since 1990," he says. "It's a tribute to people working here that we're still supporting the place with 30 percent fewer resources than we had four years ago."

One of Barclay's first tasks was a reorganization, directed by Chancellor Martin, to reduce the administrative hierarchy, place a stronger emphasis on services, and improve campus diversity. The reorganization, approved this summer, consolidates under one administrative roof units that previously reported to three vice chancellors. Now reporting to Barclay are a dozen unit heads, overseeing such critical functions as human resources (most personnel-related services); business and fiscal services (including accounting, information technology services and mailing); budget and financial analysis; affirmative action; legal affairs; audit; auxiliary enterprises (including child care, parking and Millberry Union); facilities management; sexual harassment prevention and resolution; the Faculty, Staff and Student Assistance Program; public safety/police; and risk management.

More than 1,300 staff fall under these units of the vice chancellor–administration, however its services reach or affect all at UCSF, including faculty and students. "The role of the administration has to be servicing the teaching, research, patient care and public service mission and activities of the entire campus," says Barclay.

He has been meeting with his administrators — and teamwork in developing solutions has been stressed at these sessions — to determine what new directions will be taken to improve the running of the campus. Barclay means business — in the sense that he often refers to campus members as customers. If making the customer happy is a goal of his administration, then many at UCSF — especially those who have labored through budget and accounting procedures over the years — may eventually find work life more efficient and less frustrating. In a recent interview with *Newsbreak*, Barclay discussed some of his priorities.

♦ **Information systems.** "Modern technology has gotten to the point where if used correctly it offers improved performance and ultimately lower costs. The phrase 'on-line transaction processing' is just a fancy way of saying, if you do it on your computer screen and hit the enter button, you can move money from one account to another, instead of all the paper forms that require multiple signatures. The personnel action form, which is probably one of the most complicated forms ever invented, now has a chance to move on line. Life is unnecessarily complex, and we really have to work on simplification."

♦ **Training and development.** "If we're going to move to an on-line transaction process and use of computers, we really have to have training for staff, including ongoing job skills training. We have to look to career development as well, because our future work force is going to be dependent on how well we get them ready for a rapidly changing world. We have to invest in our staff at a much more comprehensive and higher rate than we've done in the past."

♦ **Diversity.** "It will be increasingly important that we look to using the affirmative action plan as a management tool — to help identify where we're underrepresented and then take affirmative outreach efforts to develop well-qualified and diverse pools. We have to look at that consistently, move ahead, and do a better job of diversifying upper levels of the campus."

♦ **Job classification.** The system should be streamlined and simplified to provide better career ladders and development opportunities, he says. "The question is how to utilize what money you have to reward top performances." A reward system that is tied to individual, team, and overall organizational performance will be considered. However, a good method to assess and measure performance must first be put into place.

♦ **Communication.** Input from all segments of the campus will be solicited before policies are implemented. Holding "town hall" meetings is one idea. "We've got to have frequent communication — up, down and across the organization. I think the Chancellor's new e-mail is a good step. One of the concerns I have is that a lot of our employees are not in offices, and we have a lot of blue collar workers, who are a vital part of the work force. Not everyone has a computer to read the Chancellor's e-mail, but we're reaching a big portion. *Newsbreak* helps us do that, but there may be some other modes or special needs that we may have to consider, so we'll look for some advice from everybody on how to do that better."

Other concerns

Barclay discussed other campus concerns and issues. He acknowledged the need to expand child care services. A comprehensive public safety program will be developed at all sites, he says. New sexual harassment policy and procedures were recently announced. However, still to be developed is an effective means for integrating a complex set of complaint resolution procedures. "A better and quicker system for paying for vendor goods and services could be part of an improved computerized accounting system." To link resource allocation to campus priorities he proposes that a comprehensive "all funds budgeting process" for the entire campus should be in place for planning for the 1995-96 fiscal year.

To move forward, Barclay is encouraging his staff to be "champions and agents of change."

"If we're going to change, we're going to have to take some risks, and not everyone will succeed every time," he says. "If our pioneers of change stub their toes, fall down and don't quite make it, we should pick them up, dust them off, say thank you for trying, and help them back in the right direction again."

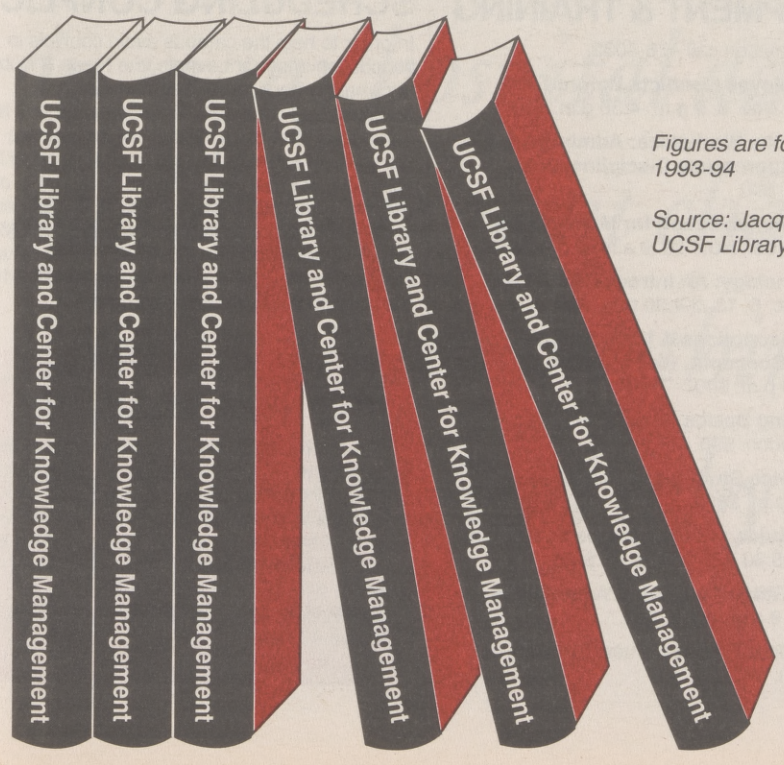
Presentation on "Improved Management Initiatives"

Barclay, along with Michael Adams, director of Affirmative Action/Equal Opportunity, and Randy Lopez, director, Human Resources, will present a discussion for the campus community on The Office of the President's "Improved Management Initiatives" on Monday, November 14, from 1 to 2:30 p.m. in Cole Hall. The presentation will cover the key components of the IMI Human Resources' initiative and proposed campus strategies. Ample time will be allowed for questions and answers.

Inside UCSF

Flipping through the Library's collection

Volumes in Collection	**885,683**
Books	426,953
Serials	289,777
Miscellaneous (microfiche, A/V, etc.)	168,953
Journals currently received	**2,873**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UCSF Library and Center for Knowledge Management

Figures are for fiscal year 1993-94

Source: Jacqueline Wilson, UCSF Library

Today/Tomorrow

29 Saturday

ILLNESS, DEPRESSION & THE ELDERLY

A half-day conference designed to present current research information and treatment strategies for depression, the chronically ill and older patients. Intended for anyone interested in the health care of the elderly. Followed by reception and docent tour of Asian Art Museum. Sponsored by UCSF/Mount Zion Center on Aging. Laurel Heights Conf. Cntr. 12:30-5 p.m. Call 750-4170.*

31 Monday

HALLOWEEN CELEBRATIONS

Feeling ghoulish? Creepy? Hungry? Show your creatively scary side by entering the pumpkin-carving and costume contests or your creatively starving side by entering the pie-eating contest. Contest winners at satellite locations will compete in contests at Parnassus. Millberry Gym.
11 a.m.-2 p.m. (Executive Park and Laurel Heights celebrations held on Fri., Oct. 28.) Call EMPACT! at 476-2675 for entry forms and information.

- MCB: Live music by The Seventeen Reasons, costume contest, YWCA bake sale. MCB Courtyard. Noon-1 p.m. Call 476-0390 for details.
- Oyster Point: Costume, pumpkin-carving & pie-eating contests, plus pot luck lunch. Elbow Rm. Noon-2 p.m. Call 502-3019 for details.
- SFGH: Hospital Cafeteria. Constume & pumpkin-carving contest, plus Halloween treats. 11:30 a.m.-1 p.m. Call 206-6052 for details.

1 Tuesday

DIABETES SCREENINGS

Get a free screening for diabetes on Tues., Nov. 1, or Thurs., Nov. 3. Sponsored by the Diabetes Screening Project of the Academy of Students of Pharmacy and the Assoc. Students of UCSF. Med. Sci. lobby. 11 a.m.-1 p.m.*

BACK & KNEE CARE

Learn to reduce the risk of injury through strengthening and stretching exercises in these hands-on workshops taught by a UCSF physical therapist. Free for Health Net members. Call 476-1115 for details.*

- Tues., Nov. 1: Back Care. 5:30-7 p.m.
- Wed., Nov. 2: Knee Care. 6-7:30 p.m.

2 Wednesday

BROWN BAG LECTURE SERIES: *How New Drugs Are Discovered.* Irwin Kuntz, Jr., Pharm. Chem. & Molecular Design Inst. Sponsored by Campus Tours/Speakers Bureau. HSW 300. Noon. Call 476-4394.*

GERONTOLOGY/GERIATRIC MEDICINE TRAINING PROGRAM ANNUAL SEMINAR: *Transcription Control of Growth Regulatory Genes in Cell Senescence.* Judith Campisi, Cancer Bio. & Life Sci., Lawrence Berkeley Lab. U 70. Noon-1 p.m.

*Open to the public.

INSTITUTE FOR HEALTH POLICY STUDIES SEMINAR: *Cholesterol and Health: The Rest of the Story.* Thomas B. Newman, Lab. Med., discusses how using cholesterol screenings to identifying people with risk factors is doing harm and discusses the economic and political factors responsible. Seminar Rm., Inst. Hlth. Policy Stud., 1388 Sutter St. (at Van Ness). Noon-1 p.m.

FIT TALK

Learn about the three components of a well-rounded exercise plan — aerobic exercise, flexibility and weight training — on Fri., Nov. 2, at 5:30 p.m. or Wed., Nov. 7, at 6:30 p.m. Free to Health Net's UCSF Medical Group and SFMG members. Register at Millberry Fitness Desk or call 476-0350.*

3 Thursday

ARTS & PERFORMANCES COLE HALL CINEMA: *It Could Happen to You.* Children 14 & under $2; UCSF students & Millberry members $2.50; students, seniors & UCSF employees $3; general $3.50. Cole Hall. 5:45 & 8 p.m. (Movies subject to change.) Call 476-2542.*

4 Friday

UCSF/MOUNT ZION ALUMNI DAY

(See story in Upcoming Events on page 5.)

INSTITUTE OF HEALING ARTS & SCIENCES SEMINAR: *The New Hypnosis & the Mind/Body Connection.* John Pateros, New Hypnosis Inst., discusses new innovations in hypnotherapy that make it possible to directly effect physiology. N 721. Noon-1 p.m.*

POETS ON PARNASSUS

Poetry reading features guest poet Robert Hass. Sponsored by Millberry Arts & Performances. Toland Hall. 4 p.m. Call 476-2542. Followed by wine & cheese reception.*

ARTS & PERFORMANCES COLE HALL CINEMA: *It Could Happen to You.* Children 14 & under $2; UCSF students & Millberry members $2.50; students, seniors & UCSF employees $3; general $3.50. Cole Hall. 6:30 & 9 p.m. (Movies subject to change.) Call 476-2542.*

DANCE PARTY

Lesbian, gay and bisexual students, faculty, staff and friends are invited to socialize, dance or soak in a hot tub at this party sponsored by the Lesbian, Gay, Bisexual Student Assn. and Gay, Lesbian & Bisexual Assn. at UCSF. 8 p.m. Call 282-9650 for more information.*

5 Saturday

WOMEN'S RESOURCE CENTER WORKSHOP: *Take Back the Power — Managing Stress in the Workplace.* Social worker Venetta Campbell explains how to develop self-assessment strategies, workplace evaluation tools and an action plan to achieve professional satisfaction. $45. S 18. 9 a.m.-1 p.m. Call (510) 482-1431 to pre-register.*

LOW VISION FORUM: Daniel Schwartz, Oph., discusses medical advances in the fight against blindness, including the latest research on retinal disorders. Forums are held on the first Saturday of each month. Main foyer, ACC. 11 a.m.-1 p.m. Call Frances Neer at 626-5313 for information.*

7 Monday

UCSF/MOUNT ZION MEDICAL CENTER VOLUNTEER ORIENTATION: To acquaint new & potential volunteers with opportunities available at the UCSF/Mount Zion Medical Center. Herbst Hall, MZ. 9-11:30 a.m. Call 885-7353.*

8 Tuesday

NEW EMPLOYEE ORIENTATION: S 214. 8:30-10 a.m. Call 476-1073 to schedule.

CAPTURING THE SOUL THROUGH ART

Creative Survival: Capturing the Soul Through Art. Performer and artist Rhodessa Jones discusses how the MEDEA PROJECT: Theatre for Incarcerated Women helps transform and give voice to women seldom provided the opportunity to express the truth of their existence. Sponsored by Women's Resource Center. Toland Hall. Noon-1 p.m. Call 476-5222. Followed by a workshop on Sat., Nov. 12.*

RECOGNIZING WOMEN VETERANS

Women veterans, families and friends are invited to celebrate Women Veterans Recognition Day with information on services for women vets, refreshments and the movie *They All Came Home.* VAMC Aud. 1:30-4 p.m. Call Patsy Wilson at 221-4810, ext. 3907.*

9 Wednesday

BROWN BAG LECTURE SERIES: *Mystery of Pain and Individuation.* Arthur Colman, Psychr., explores pain as a psychological transformer. Sponsored by Campus Tours/Speakers Bureau. HSW 300. Noon. Call 476-4394.*

10 Thursday

AGING: AN EQUAL OPPORTUNITY PROCESS

Top UCSF researchers discuss the latest research on helping the older population live longer, more satisfying lives. Part of the "Exploring the Frontiers of Medicine" series of free public lectures. Co-sponsored by Bay Area Bioscience Center. Sheraton Palace Hotel, 2 Montgomery St. 12:30-1:30 p.m. Call (510) 874-1464.*

TOMKINS CONCERT & LECTURE

The Language Instinct. Steven Pinker, Congnitive Sci., MIT. Preceded by a performance of Mozart's *Quintet for Clarinet and Strings* K. 581 and Bartok's *Duets for Clarinet & Violin.* Gordon Tomkins Lecture & Concert sponsored by Biochem. & Biophys. Cole Hall. 3-5 p.m. (See story on page 1 for details.)*

ARTS & PERFORMANCES COLE HALL CINEMA: *The Client.* Children 14 & under $2; UCSF students & Millberry members $2.50; students, seniors & UCSF employees $3; general $3.50. Cole Hall. 5:45 & 8:15 p.m. (Movies subject to change.) Call 476-2542.*

11 Friday

INSTITUTE OF HEALING ARTS & SCIENCES SEMINAR: *Course in Miracles.* Reverends Muriel and Tony, California Miracle Center of SF, discuss a new approach to spirituality, psychology, healing and relationships. N 721. Noon-1 p.m.*

ARE YOU A NEW FACULTY MEMBER?

The Office of the Vice Chancellor, Academic Affairs, offers a program for new and junior faculty to become acquainted with the campus, the Academic Senate, the availability of research funds and the faculty review process. Advanced graduate students, postdoctoral fellows and other interested academic appointees also are invited to attend. Millberry Conf. Cntr. 3-5 p.m. Notify Academic Affairs at 476-1881 no later than Fri., Nov. 4, if you plan to attend.

ARTS & PERFORMANCES COLE HALL CINEMA: *The Client.* Children 14 & under $2; UCSF students & Millberry members $2.50; students, seniors & UCSF employees $3; general $3.50. Cole Hall. 6:30 & 9 p.m. (Movies subject to change.) Call 476-2542.*

DEVELOPMENT & TRAINING

For further information call 476-4032.

Resolving Employee Conflicts Before They Happen. Tues., Nov. 8. 9 a.m.-4:30 p.m. $80.

Supervising in the Workplace: Administering Consistent & Appropriate Discipline. Wed., Nov. 9. 1-4 p.m. $40.

Productive Communication for Managers & Supervisors. Wed., Nov. 16. 9 a.m.-3 p.m. $70.

Medical Terminology: An Introduction. Tues., Nov. 22, 29, Dec. 6, 13. 2-4:30 p.m. $90.

Writing Job Descriptions & Understanding Classification Concepts. Wed., Nov. 30. 8:30 a.m.-12:30 p.m. $40.

Business Writing Basics. Tues. & Fri., Dec. 6, 9, 13, 16. 9 a.m.-noon. $90.

Customer Service Strategies. Wed., Dec. 7. 8:30 a.m.-4:30 p.m. $80.

Supervisor's Guide to Performance Evaluation. Thurs., Dec. 8. 8:30 a.m.-4:30 p.m. $40.

Demystifying Gift/Private Grant Acceptance. Wed., Dec. 14. 9 a.m.-noon. $40.

The UCSF Budget Process. Tues., Dec. 20. 9 a.m.-4:30 p.m. $40.

CONTINUING EDUCATION

MEDICINE

For program information call 476-4251. To register call 476-5808 unless otherwise noted.

Twenty-Third Annual Topics in Emergency Medicine. Miyako Hotel, SF. Oct. 31-Nov. 4.

UC Otolaryngology Update: 1994. Ritz-Carlton, SF. Nov. 3.

Update in Electrocardiography & Arrhythmias. Ritz-Carlton, SF. Nov. 4 & 5.

Fourth Triennial Symposium on New Directions in Antiviral Chemotherapy. Ritz-Carlton, SF. Nov. 10-12.

The 40th Annual Group Therapy Symposium. Union Square Holiday Inn, SF. Nov. 11-13.

Stabilization & Management of the Critically Ill Child. Mark Hopkins Hotel, SF. Dec. 3-4.

Clinical Care of the AIDS Patient. Sheraton Palace Hotel, SF. Dec. 8-10.

Controversies in Women's Health. ANA Hotel, SF. Dec. 8-9.

The 19th Annual Neurosurgery Postgraduate Course & 13th Annual Neurosurgical Nurses' Conference. Hyatt Regency, SF. Dec. 8-9.

New & Practical Approaches to Glaucoma Management. Ritz-Carlton Hotel, SF. Dec. 8-10.

Recent Advances in Neurology. Ritz-Carton Hotel, SF. Feb. 15-17, 1995.

Molecular Approaches to Laboratory Diagnosis. Ritz-Carlton Hotel, SF. Feb. 18-21, 1995.

Annual Review in Family Medicine: Controversies and Challenges in Primary Care. Hotel Nikko, SF. Mar. 29-31, 1995.

DENTISTRY

For further information call 476-1101.

Periodontal Case Management: Expanding Current Concepts. Stockton Hilton. Nov. 18.

Pharmacology & Therapeutics for the General Practitioner. UCSF. Nov. 19.

Island Dental Colloquium. Ritz-Carlton Mauna Lani, Kona Bay, Hawaii. Jan. 23-27, 1995.

RAPE PREVENTION

Classes, workshops & support groups sponsored by UCSF Rape Prevention Program. Call 476-5222 for more information.

Personal Safety, Rape & Assault Prevention Presentations. By appointment to campus departments & employees in the workplace.

Support Group for Sexual Assault Survivors. Twelve consecutive weekly sessions, 5:30-7 p.m. on a day to be arranged. $5-$25 sliding scale.*

AIDS/ARC/HIV+ SUPPORT

Anonymous & confidential caring, support & training for people with AIDS, those who have tested HIV positive & others affected by the epidemic. Sponsored by UCSF AIDS Health Project. Call 476-6430 for administrative office. Call client services at 476-3902 to schedule required intake interviews for groups (except drop-in group).*

Individual Risk Assessment & Referrals. By appointment.

Facilitated Ongoing Groups. For persons with HIV/AIDS and for caregivers, including a group for women caregivers.

Facilitated Time-Limited Groups. For HIV- gay and bisexual men, for HIV+ asymptomatic persons and for HIV+ heterosexual African American men.

Monday Night Drop-In Group for HIV+/PWA. Call 476-3902 for location.

HELP ELIMINATE SCHEDULING CONFLICTS

In order to help the campus avoid conflicts in scheduling important events, the News & Public Information Services Department has a computerized calendar. It is suggested that faculty, students & staff call 476-3257 when they are planning an event to find out what may have been scheduled for that date. Please note that in order to reserve campus conference rooms & auditoriums, it is still necessary to call Millberry Union at 476-2571, Room Reservations at 476-4436, Faculty/Alumni House at 476-4723, Laurel Heights at 476-8100 or the individual school or department.

THE NEXT DEADLINE

Tues., Nov. 1, 1994 is the deadline for items to be listed in the next calendar, which covers **Nov. 12-25, 1994** (two weeks). Complete information must be received in our office in writing by 11 a.m. on that Tuesday. Mail your copy to Michele Firpo at Box 0462, send a fax to 476-3541, bring it to UCSF/Laurel Heights, 3333 California St., Suite 103 or call 476-3257.

Special Report

What UCSF Must Do to Survive–and Thrive

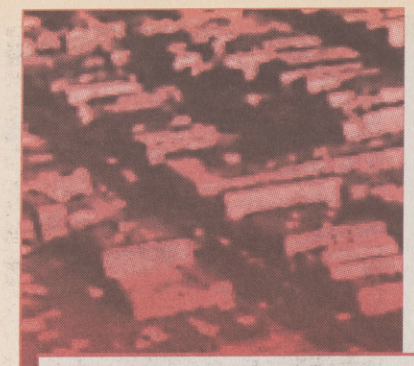
October is always a transitional month in San Francisco, a mixture of heat and rain, fog and sun. Apart from what nature is telling us about the changing seasons, there is another change sweeping over Parnassus as well. Some people can sense it. Others remain blissfully ignorant. Still others are hoping that it will all just go away. But a summer of countless meetings and the long faces on many hospital administrators and department chairs are clear signals that something is afoot. But what? And why should we care?

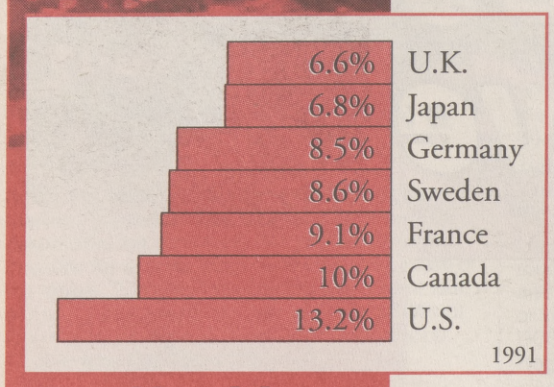
Combining Forces

America had its flag, the PRC its Red Guards and 18th-century France the guillotine. Obviously, anything as momentous as a cultural revolution needs a symbol to herald its arrival. No trumpets are expected to blare at UCSF, but in considering how to capture our human strengths – namely students, staff and faculty – University Publications' senior artist Andrew Boettcher also suggested two other important concepts: unity and change.

The result of his efforts are visible in the logo unveiled in this special report. "Combining Forces" was chosen in acknowledgement of UCSF's collaborative tradition. The three prongs coalescing to a single point is the visual representation of the cooperation required to succeed.

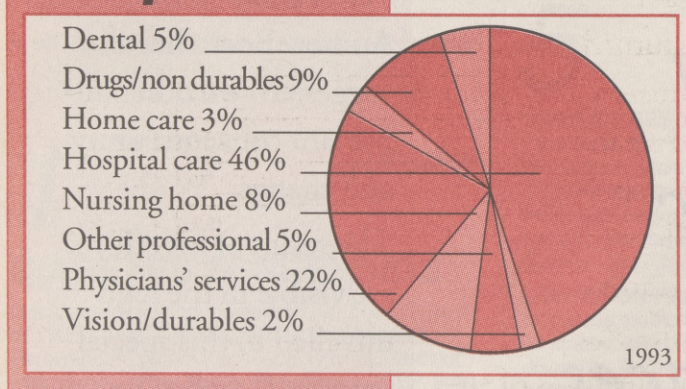
In the months ahead, this symbol will appear with every article or report that focuses on important changes at UCSF. Watch for it.





Total health care expenditures % of GDP

National personal health care expenditures



Change is a slippery concept, of course. Getting a new computer is change. Hiring a new employee is change. Finding a parking place on Parnassus is a change (bordering on the miraculous). But what is preoccupying all the planners, accountants, managers, administrators and faculty at the moment is something even more fundamental. Change, yes. Survival and success, absolutely.

To suggest that UCSF is in any way threatened may seem a strange notion for an institution so obviously thriving. With more than 15,000 employees, an operating budget of more than $1 billion, some of the smartest students in the country and a list of clinical and research firsts that most other institutions will never be able to achieve, UCSF is an impressive and renowned academic health sciences center at the peak of its form. Then why the worry?

No one would deny UCSF's strengths or question its contributions to the country's scientific excellence and the community's health. But in the last 10 years, the rules of the patient care game have changed dramatically. And while it is true that not every person at UCSF is involved with patients daily, thousands are – giving them a direct stake in the new world being created before their eyes. To be sure, UCSF's rapid rise to eminence as a research institution had added luster, depth and distinction to its reputation, not to mention Nobel Prizes and a flood of dollars from the federal government in the form of basic and clinical research grants. But think what UCSF would be without hospitals, without medical students, without clinics and yes, without patients, and it is clear why many people still prefer to call UCSF "UC Medical Center."

The End of an Era

But nostalgia and self-importance can be a trap when the times demand daring and a certain amount of ruthlessness. Consider what already has happened in less than a decade:

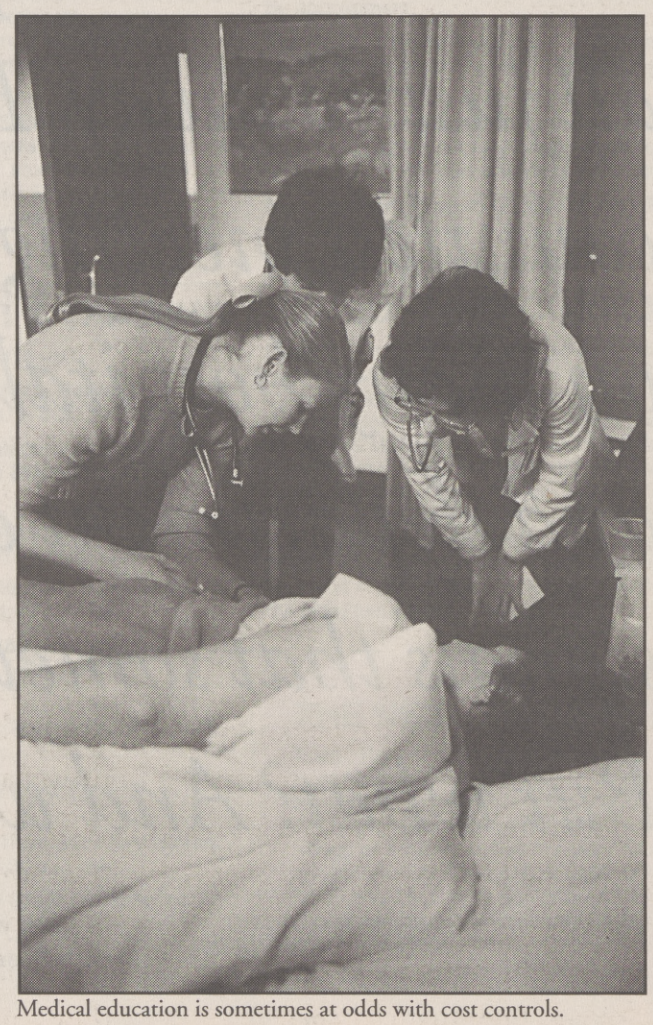
- Gone are the days when insurance companies picked up the tab for almost every part of hospital care, from aspirin to heart transplants, with few or no questions asked.
- Gone are the days when it was easy to shift the costs of caring for those without health insurance to those who were insured.
- Gone are the days when the busier you were, the more money you made. With fixed rates for care becoming the norm, an institution can make more money keeping people well – and away –than by treating them for disease.
- Gone, too, are the days when the latest technological wonder machine could be purchased by every hospital in town with no thought to patient volume or cost-effectiveness.

The rapid growth of health maintenance organizations in California, which now have "captured" more than half of the state's privately insured residents, also has reduced the number of requests for UCSF consultations and specialized tertiary care – moneymakers both. And as reimbursement for procedures has dropped, the center of action has in many ways shifted to the outpatient treatment and same-day surgery centers, where patients are cycled in and out with an eye to good care, low prices and the clock.

In this new era of competition and survival of the cheapest, the weak are getting swamped or going under. The proof is in the headlines. The financial troubles of San Francisco's hospitals, including UCSF Medical Center, are almost daily news, as are related layoffs, cutbacks and labor unrest. These are today's ugly truths, which is why the old UCSF – already in choppy waters because of its high-priced commitment to tertiary care and medical teaching – is trying to transform itself from an overloaded barge into a sleek powerboat – agile, swift and focused on the finish line. But is it really possible to change course that fast? And what do you throw overboard in the meantime?

The Roots of Crisis

If you had to pick a date for the beginning of the current crisis, 1981 would be as good as any. In that year, Congress passed the Omnibus Budget Reconciliation Act, which resulted in a major decentralization of social programs, including Medicaid, from the federal goverment to the states. With passage of this legislation, states were permitted to develop policies for hospital reimbursement that differed from the cost-based formula used in the Medicare program. The next



Medical education is sometimes at odds with cost controls.

"The Discount Physicians' Network is moving two thousand head up to Dodge City, Ma'am."

Drawing by Booth ©1994 The New Yorker Magazine, Inc. All Rights Reserved

year the California legislature took advantage of the opportunity by authorizing selective contracting by Medi-Cal and commercial insurers. Medicare soon followed suit. In short, this allowed the government to set reimbursement prices before the procedure or treatment was begun, not pay aggregate bills after the fact.

The new philosophy was encapsulated in the acronym DRGs, or diagnosis-related groups. There were 467 in all, each with its own payment schedule determined in advance by the Health Care Financing Administration. The creation of DRGs was the first driving force behind shorter hospital stays and same-day admissions – a routine fact of hospital life now.

At the same time, health maintenance organizations began to market their services aggressively. Because of their lower costs, HMOs began to win the hearts of corporations and other large employers, including UC's Systemwide Office, which were eager to reduce the rising cost of their employee benefits packages.

HMOs were attractive because, as group practice prepayment plans, they offered a specific range of hospital and medical services at a flat fee, called a capitated fee.

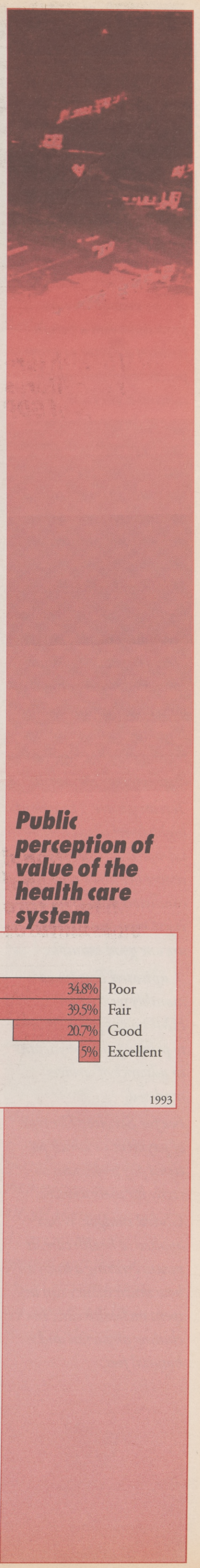
To keep their costs down, the emphasis within HMOs, then as now, was on prevention and primary care – although some HMO critics used to laugh that prevention meant long lines and primary care meant a busy signal.

They are not laughing anymore. Indeed, in one recent UCSF study headed by Paula Braveman, assistant professor of family and community medicine, researchers found that appendicitis patients covered by traditional private insurance – the supposed Cadillac form of coverage – were 20 percent more likely to suffer a ruptured appendix than patients who were members of prepaid health plans. The reason: delays in seeing a physician caused by higher fees and confusion about where to go for care. HMO patients, by contrast, were more likely to have a primary care physician and to know of a specific clinic where they could seek help.

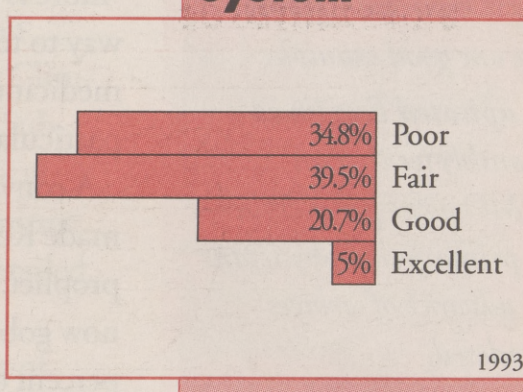
With each new patient "captured" by an HMO in the mid-1980s, UCSF was pushed a little more to the primary care sidelines. Contributing to this process was the belief among health plan organizers that university physicians and hospitals were too expensive and that they would attract higher-risk patients to their plans. UCSF also was reluctant to compete with its own referring physicians' network for fear of losing an important source of patients into its specialty practices as referrals. The reluctance was historical as well as practical. For decades, UCSF had been part of a gentlemen's agreement that foreswore competition with community doctors in the belief that the pie was big enough for all.

Not that many were worried, even when the pie seemed to be shrinking. If anything, UCSF in the 1980s – building on two decades of growing state support – solidified its reputation as a tertiary care center, where specialized treatments for complicated health problems requiring everything from organ transplants to balloon embolizations, were routine. Indeed, UCSF prided itself on tackling the toughest, most complicated cases – even if they also turned out to be the most expensive ones to treat.

As a result, its reputation for excellence and medical wizardry grew, just as did, some would argue, its feelings of superiority about these achievements, and its resistance to change. Still, such attitudes were not too upsetting. "The American people grew to expect physicians to save them from all disease and trauma," commented School of Medicine Dean Haile Debas in his recent faculty address. "Employer-paid insurance and Medicare insulated the patient from the cost of these miraculous cures and treatments. It was too good to last."



Public perception of value of the health care system



Key Terms

Primary Care: The type of non-emergency care provided when a person first sees a doctor or nurse practitioner and which continues ove time. This type of care is characterized by prevention, early detection and promotion of health. Primary care physicians have had special training in internal medicine, gynecology, pediatriacs or family medicine.

***Secondary Care:** The type of care necessary for acute, episodic illnesses or conditions and their aftermath. It usually occurs in a hospital and may be triggered by an emergency room visit.*

***Tertiary Care:** The type of highly specialized hospital-based care necessary to restore health or prevent a condition from worsening. Organ transplants are one good example.*

***Capitated Fee:** Fixed monthly fee that an HMO pays–per member–to primary care physicians in advance of services rendered.*

***Fee for Service:** The type of payment in which patients pay physicians directly for their services.*

***Global Budget:** When applied to health care, it means creating a limit on how much money can be spent on health care, including physician and hospital fees.*

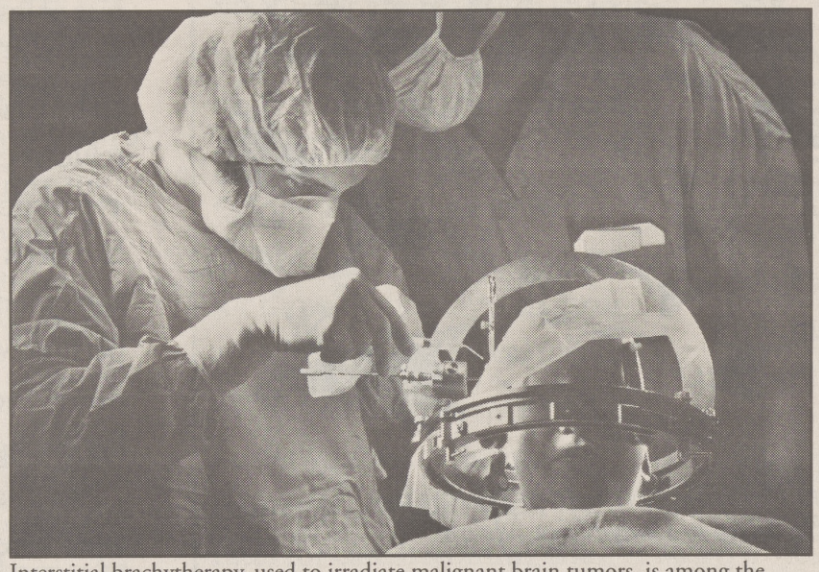
Not until 1987 did UCSF finally join the HMO world by creating a health plan that operated under the Health Net banner on the Parnassus campus. In the meantime, its hospitals and faculty continued to compete for – and usually win – contracts with Medi-Cal, Medicare, Blue Cross and other insurance groups to be a preferred patient health care provider. It seemed UCSF had the best of both worlds and that it had weathered the storm. But the storm just kept getting worse.

Warning Signs

Medical Center Director William B. Kerr was sounding alarm bells as early as 1984, when the hospital occupancy rate was averaging 70 percent. Now that it has slid closer to 50 percent – with revenues expected to drop a staggering $21 million in this fiscal year alone – his prophecies about faculty members being required to practice medicine, cultivating referral relationships, reducing costs and remembering that "more is not better and the best way to teach cost-conscious medicine is to practice it," seem particularly apt.

A convergence of trends has made Kerr something of a prophet. With health care costs now gobbling up more than 13 percent of America's gross national product – twice that of the United Kingdom and three percent more than Canada's – the pressure to contain them is enormous. And since hospital care (46 percent) and physician's services (22 percent) are the largest components of the health care bill, the pressure on these two areas is particularly severe. Combine these with the trends already discussed, particularly 1) reimbursement policies that favor same-day surgeries and outpatient and home care while failing to cover the costs of indigent care and Medi-Cal; 2) the growth of capitated plans, which pay a prearranged sum for each patient (creating disincentives toward hospitalization); and 3) the success of prevention efforts, which reduce the number of potential hospitalizations, from heart attacks to premature labor, and it is no wonder that so many hospital beds now lie empty.

Some of these costs come from being an academic medical center – read teaching center – which means that because housestaff are honing their skills, they take more time with patients, slow down surgeries, and order more tests, among other things, all of which reduce cost-effectiveness. Insurers and health care providers have repeatedly expressed their reluctance to pay for teaching even as the state and federal goverment are pressuring medical schools to produce more primary care physicians. The savings will have to come from elsewhere, which in some ways puts UCSF's mission as a teaching center at odds with its new goal as a cost-control center. More on that later.



Interstitial brachytherapy, used to irradiate malignant brain tumors, is among the types of specialized treatment at which UCSF excels.

In a Nutshell

So there you have it, but to recap, here are the main points again, stripped of their historical context.

• The prospect of health care reform already is changing the medical marketplace. Competition and survival of the cheapest are now the rallying cries. But can UCSF afford to be a mean and lean medical center and still give medical students and residents the training they need and patients the care they expect? And what does "managed care" really mean anyway?

• Insurance companies and other patient contracting groups are now requiring reports on the outcomes of procedures – everything from heart bypasses to prostate surgery. How will UCSF stack up when its commitment to teaching and community service has always led it to take the toughest and most challenging cases – many of which have been rejected by other hospitals? And will the pressure to compete force UCSF to make the same kind of choices at a time when, like the many other academic health science centers in the U.S., it is absorbing more than its share of all medical bad debt and delivering more than its share of all charity care?

• If UCSF cannot compete, then the flow of patients "under contract" will dry up. And without patients, departments will wither on the vine. How long can UCSF exist if the medical enterprise fails?

The most important message is that UCSF has to change the way it delivers patient care, both in style and substance, if it wants to keep pace with its competitors. The good news is that everyone agrees that change is right and good. The bad news is that there is no consensus on how to change – although one seems to be emerging – and that in the end, some people could lose their jobs or have them transformed beyond recognition.

The Players

Nearly two years ago, in an article in *UCSF Magazine,* Russ Laros, vice chair of ob/gyn and chief of the board of directors of the Medical Group at UCSF (the faculty's practice organization), spoke with frustration of

the medical specialists' heads-in-the-sand attitude.

"More than 40 percent of UCSF's patients are managed care patients right now. In two years, that figure will be over 90 percent. Yet of the 800 or so physicians on this campus, probably half of them don't have any idea what is happening."

Laros has a slightly different view today. "There has been a huge reorientation in people's minds and a new appreciation for what needs to be done." But, Laros adds, "very little measurable action has yet taken place."

Pediatric cardiologist Frank Hanley agrees, although he sees over the last year "an incredible and encouraging amount of behind-the-scenes movement."

One reason for the new awareness is the creation of several key committees that have pulled the covers off the patient care enterprise and turned the lights on some unpleasant but undeniable facts. The first of these reports was issued one year ago by the Tertiary Care Task Force, chaired by neurosurgeon Charles Wilson, now director of Tertiary Care. It concluded that "UCSF has much less to fear from competition on the outside than it has from inefficiency, poor service, and inconsiderate behavior within the institution. Before we can satisfy the expectations of potential consumers of our services, we must first make major changes in the manner in which we deliver these services." Task Force recommendations included everything from improving outcomes research (which document quality) and expansion of information systems to honestly evaluating patient acceptance of residents as principal care providers and responding quickly to patient complaints.

"At the moment, there is not a good patient care focus at UCSF," says Hanley, who served on the task force. "UCSF developed as a high-powered academic research institution. Patients were not the primary concern." This subordination has allowed some UCSF specialists to ignore the complaints of referring physicians who were either not informed of their patients' progress or left hanging when they had questions on followup care.

The same kind of attitude also contributes to the sometimes surly responses of staff to visitor questions, the bureaucratic daze that leads to a terminally ill patient being grilled about his incomplete paperwork or chided for being late, patient telephone calls being unanswered for days if at all, limited office hours and the general inhospitability of a campus with expensive and inadequate parking, questionable signage and an ambiance that screams "you need us," not the other way around. Some of the problem can, of course, be laid to the increased demands on staff as departments and offices have downsized due to budget cuts and early retirements. Workplace stress sometimes boils over. But the majority of it is institutional and cultural, a UCSF attitude that even the many random acts of kindness and the official Service Excellence program, which emphasizes courtesy, easy access and communication, cannot always overcome.

Under the influence of Chancellor Martin, the Tertiary Care Task Force and other major committees, namely the Chancellor's Task Force on Health Care Reform, the Clinical Strategies Group and Subcommittees and the Clinical Services Executive Committee – which all have issued detailed reports on reform (see *Medsounds* for a summary of the Task Force on Health Care Reform report) – that may be changing. No one assumes it will be easy.

"We're talking about nothing less than cultural revolution here," says Hanley. "But if we don't change, there are plenty of other very good community hospitals who will take patients away from us." To use a crude analogy, if two stores have the same merchandise for the same price, customers are likely to choose the one that is more convenient and where they are treated the best. With the ex-

The Integrated Practice Group

Access to services has long been a problem at UCSF with its crowded main campus, high rises and parking congestion. To reduce the confusion and simplify the delivery of medical services, UCSF has created an Integrated Practice Group (IPG). The IPG is intended to serve as a prototype managed care practice – a UCSF HMO if you will – that will include general internists, family practitioners, pediatricians, dermatologists, orthopedists, obstetricians and gynecologists and otolaryngologists.

In January, the IPG will be in operation not only at the six-month old Lakeshore Plaza satellite medical office and in space near UCSF/Mount Zion, but also out of new offices on the Plaza level of the Ambulatory Care Center. What will distinguish the IPG from past UCSF efforts and those of some HMOs is the availability of its faculty physicians – 5 days per week; its hours – open Saturdays and all evenings; the network of after-hours and weekend advice nurses; the expansion of after-hours adult and pediatric urgent care service; the financial rewards for patient satisfaction and cost-effectiveness; and the use of both primary care and specialty physicians to manage patients.

A new $1.3 million information system that will tie together enrollment, referrals and authorizations, claims payment, utilizations management and financial reporting also will be installed in early 1995. Organizers of the IPG hope to be managing the health of 25,000 patients within a few years.

Key Terms

Health Maintenance Organization: *A group health plan that charges members a fixed monthly payment (adjusted each year) in return for a range of medical services that run the gamut from primary to tertiary care.*

Managed Care: *A system for delivering care that uses health maintenance organizations and other group health networks, including those formed by doctors or hospitals, to reduce costs and restrict access to selected providers, and to eliminate "inappropriate" services.*

Managed Competition: *An approach for delivering care that combines government policy and market forces to improve access to health care, while bringing down its per capita costs, by allowing consumers to buy health care services from organized networks of doctors and hospitals. The competition for consumer-group contracts is intended to keep costs under control.*

Medi-Cal: *California's low-income health program, financed jointly with the federal government.*

UCSF Medical Group: *A large multi-specialty group of more than 900 physicians with faculty appointments at UCSF's School of Medicine.*

Clinical Services Executive Board
Purpose: to direct and coordinate clinical strategic planning and integrate the decision-making processes of the School of Medicine, the Medical Group and the Medical Center

Haile Debas, Dean, School of Medicine

William Kerr, Medical Center Director

Russ Laros, Chairman of the Board of the Medical Group

Charles Wilson, Director of Tertiary Care Services

Bruce Wintroub, Interim Director of Integrated Care Services

The Committees

Various committees have been created over the last year to clear the way for change. The most important and influential are as follows.

Chancellor's Task Force on Health Care Reform

Ed O'Neil, Co-chair
John Greene, Co-chair
Nancy Adler
Dennis Beatrice
John Blossom
C. Terrigal Burn
Nancy Byl
Gerald Charles
David Chernof
Marilyn Chow
Richard Cordova
Molly Coye
Haile Debas
Catherine Gilliss
John Greenspan
Kevin Grumbach
Charlene Harrington
Sandra Hernandez
Wyatt Hume
George Kenyon
William Kerr
Mary Anne Koda-Kimble
Russell Laros
Helene Lipton
Carol Littlejohn
Harold Luft
James Mailhot
Jane Norbeck
Emilie Osborn
Patricia Perry
Jonathan Rodnick
Merle Sande
Richard Scheffler
Cathryn Thurow
David Werdegar
Charles Wilson
Judith Woodard

Tertiary Care Task Force
Purpose: among others, to discuss strategic planning for tertiary care and recommend steps for remaining competitive in the new health care marketplace

Charles Wilson, chair
Ronald Arenson
Nancy Ascher
Frank Hanley
Stanley Lindenfeld
Ronald Miller
James Ostroff
Larry Shapiro
Jonathan Showstack
Mark Singer

ception of nursing care, which at Moffitt/Long and Mount Zion has always scored high among patients, the consensus among committee members and other would-be reformers is that UCSF still has a long road to travel.

The Problems

Some have insisted, of course, that because UCSF offers superior, cutting-edge care, it should be able to argue with insurers for higher reimbursement rates. Moreover, they argue that patients with special needs will always seek out UCSF for high tech and advanced treatments and that UCSF should simply concentrate on those and forget about everything else. To be sure, UCSF will continue to offer the most complex kind of care simply because it does it so well – and because competitors would be hard pressed financially to start comparable programs in everything from liver transplants to pediatric neurosurgery. But there simply are not enough tertiary care patients to keep even a slimmed-down UCSF busy. To abandon primary and secondary care, a position that no one in a position of power at UCSF recommends, would not just downsize the institution, it would decimate it.

The commitment to "have it all" poses new difficulties, however. During the recent debate over the details of health care reform, federal planners acknowledged the special needs of academic health science centers and proposed that some type of government subsidy be used to cover excess costs. But with federal health reform dead for now, the marketplace rules. And the marketplace is not interested in UCSF's special needs. It is, instead, interested only in cost, efficiency and quality. At the moment UCSF's medical enterprise has no special or protected status in this rough and tumble world. Nor does UCSF necessarily have the proof that it is superior. "Although there is some data to support superior outcomes for procedures done here," explains Neal Cohen, chief of the Medical Staff, "there is not enough. That makes us vulnerable because we can't substantiate that UCSF is better, that patients return to work faster or have fewer post-op problems, for example." And as long as UCSF continues to accept the most difficult cases, its outcomes' data may never match those hospitals whose patient mix is, by design, less complicated and far healthier.

UCSF also is vulnerable because of its traditional mindset, says Laros. "Under the old system the more business you did, the better off you were financially. Now, the less business you do the better off you are." It may seem the ultimate paradox, but successful medicine today is a dicey balance between providing access to care and keeping healthy patients away except for preventive checkups. "Virtually no department at UCSF is thinking in this way right now," says Laros.

Yet such thinking is at the heart of managed care. Or as Cohen suggests, "Physicians are going to have ask to themselves such unfamiliar questions as, is this information (from a medical test) really useful?; will it guide my management?; and if it will, what is the cost vs. the benefit?"

It is a painful transition. Few physicians at UCSF, be they primary care physicians or specialists, have had any incentive to consider the cost of a service and its value to patients before now. Yet, suddenly, they are being asked to question the value of everything, including the value of their questions. "Sometimes," says Cohen, "it may be that every question about a patient's condition need not be answered if the answer is not going to improve the outcome."

Other problems also lurk in the shadows. While UCSF is slowly building up its primary care base, primary care health teams are under the same pressures to manage their time well as specialists. And at the moment, patient visits to Health Net providers on Parnassus average 4.5 per year. The industry average is 2 visits per year. Something has to give and if that something means discouraging patient visits, it will have to be done in a way that keeps patients smiling.

When it comes to efficiency, UCSF also has work to do. Witness the long waits and confusion at the on-campus pharmacy, the voicemail mazes when trying to reach a primary care physician or the frequent failure to notify patients when a practice or clinic is moved.

Part of the problem, as Cohen explains, is that unlike most of UCSF's competitors, "We have multiple missions which we're trying to fulfill with patient-generated dollars that don't stretch as far."

One of the prime examples of this mission is teaching, of course, – the one for which the university was created. As already explained, teaching adds costs to care that put UCSF at a disadvantage. Chancellor Martin certainly acknowledged this when, in an address to the UC Regents last year, he remarked, "Faculty who educate students and residents and who conduct research are notoriously less efficient in the delivery of medi-

cal care and often are found to give less attention to providing patient satisfaction.... The distractions of teaching and research often produce a system that is non-competitive." The reason: at least 10 to 15 percent of faculty time is spent with students, not patients, which reduces the clinical income. The marketplace also does not recognize the uniqueness of the medical school. Or, as some have written succinctly, a business school does not manage, a law faculty does not prosecute, nor an engineering school build bridges, but a medical faculty must practice medicine.

That said, what does the rush to competitiveness – one that everyone agrees UCSF must make – mean to students? "We already are having to change how we teach because of the shift of some specialty residencies to primary care," says Neal Cohen. "But we now have an opportunity to look at new educational models to see if there are other ways to give students the experiences they need that don't involve patients." This could mean everything from the expansion of the program that uses actors to simulate patients to more rotations at other hospitals outside the UCSF system. "A lot of basic skills could be learned in other ways," Cohen adds.

Whether students would agree is another question. But how often and in what ways they interact with patients is perhaps less important for now than the fact that more patients are needed. In fact, without an additional 50,000 patients to "manage," UCSF may lack the supply it needs to keep all of its specialty areas afloat. That explains the reason for the current $750,000 advertising campaign – timed to coincide with open enrollment when employees can switch health care providers – which hopes to attract another 5,000 to 10,000 enrollees in one of the six managed care plans now sending patients to UCSF. "Each 1,000 enrollees bring in about $1 million per year," explains Patty Perry, Medical Center Associate Director, "so the advertising more than pays for itself." It also increases patient awareness of UCSF and may lead to additional signups in subsequent enrollment periods. Some of those additional signups may be UCSF employees, many of whom are already members of different HMOs.

The Process and the Plan

Having laid out the problems, what happens next? Over the next few months, the Education Committee (see sidebar) will be sponsoring a series of large and small campus meetings to explain in greater detail what this first special report has surveyed and to solicit both grassroots suggestions and responses to the changes that have been proposed. The purpose is to spark and shape a plan with very specific recommendations that campus leaders and departments will then enact in the months ahead and alter as circumstances demand.

What will be the components of the plan? The process is wide open, although some service recommendations already have been made by the Patient Services subcommittee of the Clinical Strategies Committee.

The experience at other institutions, which also are struggling to find a new way of doing business, suggests that one of the first steps is the creation of an updated mission statement that everyone can understand and support. The purpose of the mission statement is to guide action. So, for example, if the statement says that patients always come first, all decisions – from the funding of outcomes research and new methods of surgery to the size of the type on directional signs and the extent of advice nurse triage systems – will be made accordingly. If rudeness is found to be a problem, then training videos may have to become the norm – for everyone. Patient praise and complaints might also become a critical part of performance evaluations. How much time faculty spend with students will also be a consideration as will be the full integration of all UCSF campuses, particularly San Francisco General Hospital, to prevent aggressive competition among members of the UCSF family. New computer methods for gathering and sorting information about patients might

Clinical Strategies Committee

Joseph Martin	Russell Laros	Merle Sande
Haile Debas	Stanley Lindenfeld	Larry Shapiro
Willam Kerr	James Mailhot	Jonathan Showstack
Ron Arenson	Jeff Pearl	Charles Wilson
Nancy Ascher	Floyd Rector, Jr.	Bruce Wintroub
Neal Cohen	Jonathan Rodnick	Craig Van Dyke
Frank Hanley		

Subcommittees

Education: Purpose is to develop programs to familiarize faculty, management and staff with the issues related to health reform, managed care and the increasingly competitive marketplace. Through these activities, it is hoped that everyone involved will develop the skills and sensitivities necessary to assure success.
Chair, Charles Wilson

Information Systems: Purpose is to complete an overall needs assessment of systems required to respond effectively to competitive marketplace; determine the infrastructure necessary to allow effective communication; engage a consultant to determine what systems are available commercially vs. those which will have to be designed in-house; and develop budgets and timetables for approval by Clinical Strategies Committee.
Chair, Ron Arenson

Contracting/Networking: Purpose is to duplicate in other specialties the success of the transplant service in organizing and preparing itself to be competitive in the complicated world of contracts and payer networks.
Chair, Nancy Ascher

Patient Services: Purpose is to review several areas related to patient services including the competitive importance of various ancillary services such as parking; access to facilities; registration procedures; attitudes of providers, both staff and physicians; consciousness-raising among nursing and clerical staff; cleanliness; patient orientations; physician behavior; and efficiency of patient care.
Chair, Frank Hanley

Outcomes Research: Purpose is to formulate recommendations, both short- and long-term, for appropriate direction and activity in outcomes evaluation.
Chair, Stanley Lindenfeld

Public Relations/Marketing: Purpose is to review current marketing activities and develop and/or revise marketing and public relations strategies, implement or expand UCSF's marketing efforts, and evaluate the effectiveness of marketing and public relations activities related to the delivery of services.
Chair, Neal Cohen

Campus Integration: Purpose is to bring together representatives from UCSF, UCSF/Mount Zion, the VAMC, SFGH and Fresno to explore the possibility of collaborative clinical efforts involving the various sites.
Chair, Merle Sande

Integrated Practice Group: Purpose is to create a new model for delivery of care for prepaid patients that combines use of primary and specialty physicians in UCSF community clinics and on Parnassus.
Chair, Bruce Wintroub

also be necessary. Timelines for making patient information accessible to all UCSF health care providers instantly via computer may also have to be speeded up. Parking, hospital guides, inpatient information packets, appointment systems and admissions procedures also will need to be reviewed and fixed if necessary. New offsite clinics may have to be opened. The Financial District is one possibility that has been suggested. Cooperative agreements with UCSF's competitors also might be considered. Should UCSF and Stanford both have great programs in all surgical subspecialties, for example? What are the benefits and risks of long-term alliances with such entities as Kaiser, Sutter Health and Catholic Healthcare West in the areas of education and research, not to mention primary care? The list of questions and possible plans is almost endless.

Whatever the details, though, and whatever the results of the School of Medicine's and Medical Center's financial reviews of their clinical activities, the plan will take vigilance, cooperation, constancy and leadership to succeed. As Frank Hanley remarks, "The only way we can fail is if we don't respond to the issues honestly and remain complacent. But I don't think that will happen. There is just too much talent and energy at UCSF."

Why Should We Care? We Never See Patients

It is one of UCSF's many curiosities that an institution so tied up with patient care and teaching could grow so large that thousands of its employees never give either a second thought. Indeed, those who have been at UCSF for awhile have come to understand that it has numerous parallel universes, complete with their own cultures and seasonal rhythms, that rarely intersect.

Putting aside for a moment whether these divisions are good or bad, it does present campus reformers with a serious problem. How to awaken the entire campus population to the crisis and the opportunities ahead? And how to make everyone care?

This presumes, of course, that everyone should care. There are some who argue that for those whose jobs are outside the realm of patient care – be they postdocs or purchasing agents – little time or effort should be wasted trying to make them agents of cultural change. Others counter that UCSF campus opinion already is so fragmented that if the whole campus is not included in the renewal process, whatever is left of a common UCSF ideal will be fractured permanently. Still others contend that virtually every job at UCSF, outside those in the basic science labs, is somehow dependent upon the success of the "medical center" and that the fear of losing a job is the best motivator of all.

Making generalities about UCSF is always dangerous for precisely these reasons. But wherever we stand on the employee totem pole and whatever universe we happen to inhabit, we should all have an interest in seeing UCSF's medical enterprise survive and thrive – and not just because our jobs or our future careers may be on the line.

We should be interested because we want medical discoveries to continue.

We should be interested because we have a personal stake in seeing that future health care providers are trained well.

We should be interested because the life UCSF saves may one day be our own or that of someone we love.

Although many employees may feel justifiably disconnected from the UCSF "medical center," may indeed, even have difficulty defining it, the fact remains that most wish it well. That so many know so little about what actually happens inside the medical center may be because no one has bothered to tell them before, or that when told, they simply were too busy with their own work to listen. Whatever the reason, we hope we have your attention now and that we keep it over the next few months as more in a series of special reports appear. These reports may not change your opinion about what is happening at UCSF, but they will make ignorance an unacceptable excuse for not having one.

This special report was prepared by Judith Woodard, Director of Public Affairs and Jeff Miller, Assistant Director of Public Affairs.

Oct. 29-Nov. 11, 1994

REGULAR MEETINGS & ONGOING SUPPORT GROUPS

MONDAY

JEWISH WOMEN'S DIALOGUE GROUP: Meets every other Monday. Call 476-6423 for dates & locations.*

UCSF STAFF COUNCIL MEETING: Meets second Monday of each month. Noon-2 p.m. Call 476-5756 for more information.

FRIENDS OF LOIS AL-ANON MEETING: Closed meeting: for friends & families of alcoholics only. Conf. Rm. A, 3rd fl., MCB. Noon. Call 626-5633.*

COLO-RECTAL CANCER SUPPORT GROUP: Meets on the second and fourth Mondays of each month. Reservations must be made at 929-7114. No drop-ins will be allowed. UCSF/Mount Zion Cancer Center, 2356 Sutter. 6:30 p.m.*

UCSF AIDS HEALTH PROJECT MEDITATION & SELF-HYPNOSIS WORKSHOP: Weekly discussion group for anyone dealing with HIV or AIDS in themselves or others. Gazebo Rm., Davies Med. Cntr. 7-9 p.m. Call 476-3902.*

TUESDAY

SFGH CIRCLE OF SISTERS: Networking forum for black women working & studying at UCSF/SFGH. Meets monthly at noon. Call 476-5222 for dates & location.

MULTIPLE HELPERS OUTREACH NETWORK SUPPORT GROUP: For victims & survivors of violent trauma. Ages 15 & over. A 222, LPPI. 10 a.m.-noon. Help-line at 759-7923 provided daily, 7 a.m.-10 p.m.*

CAMPUS AMNESTY INTERNATIONAL MEETING: Meets first Tues. of each month. MU 111W. Noon-1 p.m. Call 566-8406.*

OVEREATERS ANONYMOUS MEETING: OA literature & discussion meeting. N 617. Noon.*

PARKINSON'S DISEASE EDUCATION & SUPPORT GROUP: For people with Parkinson's & their caregivers. Third Tues. of the month. Christ Church, Lutheran, 1090 Quintara (at 20th Ave.). 2-4 p.m. Call 476-9276.*

BREAST CANCER SUPPORT GROUP: For women diagnosed or being treated at UCSF/Mount Zion or UCSF/Parnassus. Meets every Tues. UCSF/Mount Zion Cancer Cntr., 2nd. fl., 2356 Sutter (near Divisadero). 5:30-7 p.m. Pre-registration necessary. Call 885-3693 or 388-3742.*

NURSES' PAIN ASSOCIATION MEETING. Meets the second Tuesday of the month. S 22. 5:30-7:30 p.m.*

BRAIN TUMOR SUPPORT GROUP: First Tues. of the month. S 758. 7:30-9 p.m. Call 284-0208.*

WEDNESDAY

GAY, LESBIAN, BISEXUAL ASSOCIATION AT UCSF MEETING: Meets second Wednesday of each month. Members of the Chancellor's Committee on Gay, Lesbian & Bisexual Issues will be present. Call 282-9650 for more information.

"AT THE HEART OF IT" CARDIAC SUPPORT GROUP: For heart patients to share experiences, successes, concerns & anxieties. An ongoing six-week series. Call Kathleen Congdon at 885-7227.*

SUPPORT GROUP FOR FAMILY/FRIENDS OF THOSE WITH MENTAL ILLNESS: Open to anyone interested in learning more about psychiatric disorders & their treatments. Call Laura Deering-Mayclin at 476-7394 for more information.*

LATIN AMERICAN CAMPUS ASSOCIATION MEETING: Meets second Wednesday of each month. HSW 508. Noon. Call Al Lopez at 476-1334.

LATIN WOMEN COALITION: For Latina faculty, staff & students. Noon-1 p.m. Call Betty Jerez at 476-7117 for meeting places & dates.*

PARNASSUS AL-ANON MEETING: For friends & families of alcoholics. Observers welcome. C 417. Noon-1 p.m. Call 626-5633.*

STEP-FAMILY SUPPORT GROUP: For parents & step-parents. Call Sandra Norberg at 476-6389 for dates and location.*

ALCOHOLICS ANONYMOUS MEETING: Closed meeting: alcoholics only. Conf. Rm. A, 3rd fl., MCB. 12:05 p.m. Call 621-1326 for more information.*

MULTIPLE HELPERS OUTREACH NETWORK SUPPORT GROUP: For victims & survivors of violent trauma. Ages 15 & over. Two locations & times: A 222, LPPI, 1-3 p.m., and N 517, 7-10 p.m. Help-line also provided daily, 7 a.m.-10 p.m. at 759-7923.*

DIRECTIONS: For women newly diagnosed with breast cancer. Meets every Wed. UCSF/Mount Zion Cancer Cntr., 2nd. fl., 2356 Sutter (near Divisadero). 5-6:30 p.m. Pre-registration necessary. Call 885-3693 or 885-7498.*

SUPPORT GROUP FOR RAPE SURVIVORS: Sponsored by Women's Resource Cntr. Meets every Wednesday. $180 for ten sessions. Intake interview required. 6-8 p.m. Call 476-5222 for location & to pre-register.*

EATING DISORDERS SUPPORT GROUP: Open to anyone dealing with an eating disorder in themselves or others. Meets every Wednesday. M 688. 7-8:30 p.m. Call 332-3425.*

CO-DEPENDENTS ANONYMOUS MEETING: A twelve-step program for people who have dysfunctional long-term relationships. Meets every Wednesday. LP 01 (LPPI basement). 8-9:30 p.m. Call 432-3529.*

THURSDAY

LESBIAN LUNCH GROUP: Monthly on Thursdays. Call 476-5222 for meeting dates & locations.*

HEAD & NECK CANCER SURGERY SUPPORT GROUPS: Separate groups for patients and patients' families meet simultaneously and weekly on Thursdays. UCSF/Mount Zion Cancer Cntr., 2356 Sutter, 2nd fl. 1-2 p.m. Call 885-7623.*

SUPPORT GROUP FOR WOMEN LIVING WITH LIFE-ALTERING ILLNESS: Alternate Thursdays. 6-8 p.m. Call 775-2854 to preregister & for locations.*

FRIDAY

CIRCLE OF SISTERS: Networking forum for black women working & studying at UCSF. Most Fridays. Noon-1 p.m. L 535. Call 476-5836.

ALCOHOLICS ANONYMOUS MEETING: Closed meeting: alcoholics only. C 417. 12:10-1 p.m. Call 621-1326 for more information.*

LAKESIDE SENIOR MEDICAL CENTER CAREGIVER SUPPORT GROUP: Meets on the first Friday of each month. $10 per meeting. 2501 Ocean Ave. at Junipero Serra. 2-4 p.m. Call Edith Kaplan at 986-2305.*

For information on 12-step and support groups (other than AA and Al-Anon), call the Mental Health Association of San Francisco at 921-4044.*

ITS COMPUTER CLASSES

Information Technology Services sponsors the following classes. Call 476-2012 for descriptions and registration forms.

- Mon., Nov. 7: *Introduction to Microsoft Windows* (PC). $110. 8:30 a.m.-12:30 p.m.
- Wed., Nov. 9: *Introduction to Word for Windows 6.0* (PC). $170. 9 a.m.-4 p.m.
- Fri., Nov. 11: *Basic Macintosh Skills*. $110. 8:30 a.m.-12:30 p.m.
- Mon., Nov. 14: *Demystifying Computers*. $80. 9 a.m.-noon.
- Thurs., Nov. 17: *Beginning Excel for Windows* (PC). $195. 9 a.m.-4 p.m.
- Tues., Dec. 6: *Intermediate WordPerfect 6.0 for Windows* (PC). $170. 9 a.m.-4 p.m.
- Thurs., Dec. 8: *Beginning Excel* (Mac). $195. 9 a.m.-4 p.m.
- Fri., Dec. 16: *Intermediate Excel for Windows* (PC). $195. 9 a.m.-4 p.m.
- Tues., Dec. 20: *Intermediate Microsoft Word 5.1* (Mac). $160. 9 a.m.-4 p.m.

BREAST CANCER SCREENING SCHEDULE

Women can have low-cost mammograms — X-rays to screen for breast cancer — from a mobile van that travels to convenient locations in the Bay Area.

Women need the approval of their physician to have the mammogram, in addition to their doctor's full name, address (including room number & zip) and phone number to assure that results are mailed promptly. The procedure takes approximately 20 minutes and costs $60. To make an appointment call 476-2193 between 9 a.m. & 3 p.m.*

Because the service has become so popular and appointments are filled by the time this calendar is published, we list only dates when the van will be at UCSF locations and when appointments are still available:

- Mon. & Tues., Nov. 7 & 8: UCSF/Laurel Heights, 3333 California St.
- Wed. & Fri., Nov. 9 & 11: UCSF/Parnassus at Medical Center Way.
- Fri., Dec. 2: UCSF/Parnassus at Medical Center Way.

(See story on page 8 about UCSF breast cancer news.)

Upcoming Events

"Dentistry in the Age of DNA" postponed

"Dentistry in the Age of DNA: The Practical Use of Molecular Technologies in Clinical Dentistry," which was to be held on Saturday, November 5, has been rescheduled to coincide with the American Association for Dental Research meeting to be held next spring. For further information, call the Center for Continuing Dental Education at 476-1101.

"Promises from the Heart"

"Promises from the Heart" is the theme for the MHONA-sponsored blood drive to be held from November 1 to 15 at the UCSF Blood Donor Center.

MHONA (Many Helpers Outreach Network Agency) is an organization which, as described by founder Tatiana Kostanian, has been helped by UCSF in a variety of capacities. It now would like to return the favor by giving all the blood donated that day to aid UCSF patients.

Donations may be made at the UCSF Blood Donor Center, Rm. L 131, weekdays from 8 a.m. to 7:45 p.m. and Saturdays, 9 a.m. to 4:30 p.m. through November 15, For further information about who is able to donate blood, call the UCSF Blood Donor Center at 476-6989.

Mount Zion Alumni Day and Banquet

The 10th annual Mount Zion Alumni Day will be held on Friday, November 4, from 8:30 to 11 a.m. in Herbst Hall at the UCSF/Mount Zion Medical Center. The theme of the symposium is "Conjoint Medical Surgical Symposium on Bone." Speakers will include Gordon J. Strewler, "The Biology of Bone"; David W. Lowenberg, "Effects of Stress Tension on Bone"; and James M. Glick, "Stress Injuries on Bone."

The following day, on Saturday, November 5, the Mount Zion Alumni Association will hold its banquet at the Lake Merced Golf and Country Club beginning at 6:30 p.m. For further information on both events, call 885-7260.

Millberry offers Cha Cha Cha workshop

Throw off those tired UCSF work-a-day uniforms and get into something comfortable to learn Cha Cha Cha at a workshop on Saturday, November 12, from 5 to 7 p.m. Open to all levels of ballroom dancers. For further information go to the Millberry Fitness Center, or call 476-1115.

UCSF Orchestra introduces new conductor

The UCSF Orchestra will have a special performance on Sunday, November 13, beginning at 4 p.m. in the Millberry Gym to introduce its new conductor, Jeremy Swerling. Tickets are $4/6/8. Works by Dvorak, Suyk and Schumann will be performed. Open rehearsal will be held on Tuesday, November 8, in the Millberry Conference Center. For further information see the next issue of *Newsbreak* or call 476-6761.

Forget is 25th annual Aggeler Lecturer

Bernard G. Forget is this year's 25th annual Paul M. Aggeler Lecturer. Forget will be discussing "Molecular Basis of Hemolytic Anemias Due to Disorder of the Ethryocyte Membrane Skeleton" on Tuesday, November 15, from 11:30 a.m. to 12:30 p.m. as part of Medical Grand Rounds at SFGH in Carr Auditorium.

A professor of medicine and genetics and chief of the hematology section at Yale, Forget is former associate dean of research affairs and director of Operating Programs in Biomedical Sciences at Yale. His research interests include structure and regulation of globin-genes and the genes of erythrocyte membrane proteins.

The previous day, on Monday, November 14, Forget also will discuss "Molecular Basis of Hemoglobin Switching: Insights from Human Genetic Disorders" from 4 to 5:30 p.m. in Toland Hall as part of Laboratory Medicine Grand Rounds.

Nominations due for MLK Awards

Nominations are due on Monday, November 14, for the annual Dr. Martin Luther King Jr. Awards to be given the week of January 16, 1995. Three awards will be given — one each to an academic faculty member, staff employee and student. Any campus community member is eligible to nominate somone. For further information, including a full list of criteria and nomination forms, call Affirmative Action/Equal Opportunity at 476-4752. Last year's recipients were Elba Clemente-Lambert, Kathleen Giacomini and Tammie Quest. MLK Week's official theme for 1995 is "Nonviolence in Action: Empowering Future Generations to Serve." Watch for posters and detailed stories in future issues of *Newsbreak*.

UCSF/Mount Zion community meeting

UCSF/Mount Zion will hold its next community meeting to discuss any issues of concern, including construction plans, on Tuesday, November 15, beginning at 7 p.m. The meeting will be held in UCSF/Mount Zion's Executive Board Room, second floor, 1600 Divisadero Street. This will be the last meeting in 1994. For further information, call Community Relations at 476-3206.

"Music for Humanity"

Save Wednesday, November 16, at 7 p.m. for a special benefit concert to benefit Doctors Without Borders, an international aid organization based in Paris, which has sent over 2,000 doctors and nurses on emergency medical missions this year to Rwanda, Bosnia and India. The event, to be held in Cole Hall, will feature internationally known jazz pianists Denny Zeitlin (who also is a UCSF psychiatrist) and Francis Lockwood from France. Tickets at $25 general, $15 UCSF staff and faculty, $10 students/seniors/disabled and $8 UCSF students are available at Millberry Central Desk. For further information see the next issue of *Newsbreak* or call 476-6761.

Great American Smokeout comes to campus Nov. 17

The campus celebration of the 18th annual Great American Smokeout will be coming to campus on Thursday, November 17. The event is a light-hearted effort to encourage smokers to give up cigarettes for 24 hours.

Students from all of the UCSF schools will staff tables to dispense anti-smoking information and materials in several lobbies of campus buildings from 11 a.m. to 1:30 p.m. School of Medicine students will be in the ACC lobby/pharmacy in the Medical Sciences lobby, dentistry in the dental clinics lobby and nursing in the Millberry lobby.

At each of the information tables, members of the Respiratory Therapy Department will offer free pulmonary function tests.

For further information on the event, call Jim Crawford at 591-8131.

Meet the Doctors of Mount Zion

The Auxiliary of UCSF/Mount Zion, in conjunction with the West Bay Council of Volunteers, invites the neighborhood and the campus community to "Meet the Doctors of Mount Zion" on Thursday, November 17, beginning at 9:30 a.m. in the Pavilion, 2356 Sutter Street.

Andrew Kneier, clinical psychologist, Melanoma, Urology/Oncology and H. Ulrich U. Bueff, chief of Orthopaedics, will discuss "Focusing on Coping with Change."

Auxiliary members are welcome at no charge. Guests are welcome with lunch optional at $15. For further information, call 885-7354.

Lasker Award lectures and reception

A special lecture presentation and reception featuring UCSF's latest Lasker Award winners — Stanley B. Prusiner and John A. Clements — will be held sometime in mid-December. Keep your eyes on *Newsbreak* for further details.

Read your material carefully

Open Enrollment begins November 1

This year, UC's Open Enrollment will run from Tuesday, November 1, to Wednesday, November 30. There will be significant medical plan changes effective January 1, 1995. Please read carefully the announcement which was sent to your home regarding all the changes which could affect you and your family. Additional information and forms will be available at benefit fairs and/or benefit meetings at various campus locations.

Medical, dental, optical and legal plan carriers will hold open houses on the following days:

♦ Tues., Nov.. 15, 7:30 a.m.-3 p.m., Millberry Conference Center

♦ Wed., Nov. 16, 10 a.m.-2 p.m., MCB, Rm. 126.

In addition, staff from the Campus Benefits Office will hold several meetings to provide information about Open Enrollment and will answer your specific questions on each plan. Booklets describing the plans will be available at the meetings and in your department. Forms also are available in your department.

Benefits meetings will occur:

♦ Wed., Nov. 2, noon-1:15 p.m., Toland Hall

♦ Fri., Nov. 4, noon-1:15 p.m., Carr Aud., SFGH

♦ Mon., Nov. 7, noon-1:15 p.m., MCB, Rm. 125

♦ Tues., Nov. 8, noon-1:15 p.m., VAMC, Rm. 3B 26A

♦ Tues., Nov. 8, 12:30-2 p.m., Oyster Point

♦ Tues., Nov. 8, 5-6:15 p.m., Toland Hall

♦ Wed., Nov. 9, noon-1:15 p.m. Toland Hall

♦ Fri., Nov. 11, noon-1:15 p.m., Toland Hall

♦ Mon., Nov. 14, noon-1:15 p.m., Carr Aud., SFGH

♦ Fri., Nov. 18, noon-1:15 p.m., Toland Hall

♦ Fri., Nov. 18, 7:30 -8:30 a.m., Herbst Hall, UCSF/Mount Zion

♦ Mon., Nov. 21, noon-1 p.m., Herbst Hall, UCSF/Mount Zion

♦ Tues., Nov. 22, noon-1:15 p.m., MCB 125

♦ Wed., Nov. 23, noon-1:15 p.m., Toland Hall.

Navigating Through a Strange Land book signing Nov. 2

Navigating Through a Strange Land: A Book for Brain Tumor Patients and Their Families, is a new book by Tricia Roloff, a former editor and program associate with the National Brain Tumor Foundation and until recently an employee of UCSF who had surgery for a pituitary tumor in 1984. Performing the surgery was UCSF's Charlie Wilson, who edits one of the chapters, as does neuropsychologist John Walker. Millberry Bookstore will host a book signing on Wednesday, November 2, from noon to 2 p.m. The book signing is UCSF's contribution to the annual Bay Area Book Festival, which occurrs Saturday and Sunday, November 5 and 6.

Fund Performances

For those invested in the 403(b) Plan and the After-tax plan, here are the latest unit values and monthly factors (as of September 30, 1994). The annualized yield reflects the annual yield that could be achieved if the current monthly rate were compounded for one year.

	Monthly Factors	Annual Rate	Annualized Yield
Savings	.0053	6.45%	6.55%
Money Mkt	.0038	4.62%	4.66%
ICCF	.0062	7.54%	7.70%

	Unit Values	12-Month Change	3-Year Avg. Annualized Return
Bond	$58.39	-11.2%	7.6%
Equity	$104.82	8.1%	10.8%
Multi-Asset	$14.83	2.9%	8.2%

The investment results, as measured by total return figures given above, represent past performance and should not be considered indicative of future results. If you have questions, please call 476-9256.

New employee IDs to begin with 02

All employees will be assigned new employee ID numbers effective Monday, October 31. The new numbers will be nine digits beginning with the number 02 (not 2 as was reported in the last issue of *Newsbreak*). Your new number must be on all Payroll/Personnel forms. If you are paid biweekly, look for your new number on your earnings statement on 11/16/94. If you are paid monthly, look for your new number on your pay statement you'll receive on 12/1/94. The Payroll Office plans to send the new employee numbers to campus departments on October 31.

Flu shots available to hospital workers

The influenza season is approaching.

Influenza, more commonly referred to as the flu, can be a serious illness. It is responsible for more than 20,000 deaths in the US annually.

The US Public Health Service and UCSF strongly recommend annual flu vaccines for all health care workers who work with patients in hospitals and clinics.

Considered safe and effective, the vaccine gives healthy people a 70 percent chance of avoiding the disease.

To help prevent health care workers and patients from spreading the illness to each other, the Employee Health Clinic will offer a limited number of vaccine doses for free, according to Suzi Goldmacher, nurse practioner for Employee Health Services. Because of the limited quantity of vaccine doses on hand, Goldmacher requests that only hospital and clinic staff with patient contact come to the clinic for the immunization.

The employee health clinics, located in room A 707 of the ACC and at 2186 Geary Ave., will offer the flu vaccines from 8:30 to 11 a.m. and from 1 to 3 p.m. on Thursdays, November 3 and 10 ; and on Fridays, November 11 and 18.

For employees who would like the vaccine, but do not provide patient care, vaccines are available through their primary care provider. Flu shots are also available for $2 through the San Francisco Public Health Department on Tuesdays, November 1 and 8, from 8:30 to 11 a.m. and Thursdays, November 3 and 10, from 8:30 to 11 a.m. Here's a list of the City's health care centers:

♦ Health Center No. 1 at 3850 17th Near Noe. Information: 487-7500.

♦ Health Center No. 2, The Maxine Hall Health Center, at 1301 Pierce at Ellis. Information: 292-1300.

♦ Health Center No. 3 at 1525 Silver Ave. near San Bruno Ave. Information: 715-0300.

♦ Health Center No. 4 at 1490 Mason at Broadway. Information: 705-8500.

♦ Health Center No. 5 at 1351 24th Ave. near Irving. Information: 753-8100.

Crime Corner

Allen J. Balderson

Annual police inspection nets good marks

On October 14 the UCSF Police Department held at MCB its annual inspection of police officers, police security officers and communication dispatchers. Out of the 22 police officers, our force has 9 white males, 7 African-American males, 2 Asian-American males, 1 South American male and 3 females — 2 white and 1 African-American. (Above) Police Chief Ron Nelson checks over the regulation uniform, handcuffs, weapons, etc. of new police officer Jerauld P. Spardorcio, who was hired this May. (Below) Spadorcio (far right) is joined by three other new police officers hired within the last few months (left to right) Dennis L. Toomer, Mary Snider and David M. Lloyd.

Allen J. Balderson

If you think times are rough for you — just take a look around

On October 24, UCSF began the second part of its United Way Campaign with a campuswide plea for monetary contributions. UCSF employees should have received by now a form and brochures through campus mail asking for donations. "Our contributions are way down compared to two years ago," says Brenda Patterson, coordinator of this year's campaign. Think about the elderly and the lonely. Think about the homeless children roaming our streets. Think about those with AIDS who have no one to turn to and nowhere to go. Then think about giving. Last month, UCSF campus and Medical Center employees participated in the "Week of Caring," an event that kicked off the United Way Campaign in the Bay Area. (Below) UCSF's Robyn Fowler plays with children at the Chinatown Community Childrens Center.

Tom Melaxas

Women crushed in front of ACC dies at SFGH

Vallie Baker, who was crushed between an out-of-control vehicle and the planter on which she was sitting in front of the ACC on October 11, died at SFGH on October 17. Baker, who lost her leg in the accident, was not a UCSF employee. The SFPD now is investigating the facts in the accident to see whether criminal charges will be filed against the driver.

Extra bomb at disaster drill

The October 19 disaster drill for the Medical Center turned out to be more than a drill. During the drill scenario in the Moffitt Cafeteria, which was to include a bomb, an extra suspicious box with protruding wires was found. The police evacuated the cafeteria, found the bomb to be fake, and also ascertained who the person was who placed it. The person said he just wanted to add his own part to the drill. "This would normally be a felony," explains Sgt. Stracke, "but we concluded the suspect did not have malicious intent and no criminal charges were filed."

Update on doctor impersonator

The investigative section of the Police Department has possible leads on the white adult male suspect who impersonated a doctor on the pediatric wards of both Long Hospital on September 24 and UCSF/Mount Zion on October 7. UCSF police are in the process of obtaining a photograph, which they will show to all witnesses.

Telephone safety tips

♦ Do not give information about yourself to strangers over the telephone or admit that you are alone.

♦ Consider listing your name and number in the telephone book without your address. Also, list only the first initial of your first name.

♦ Keep all emergency numbers near the telephone.

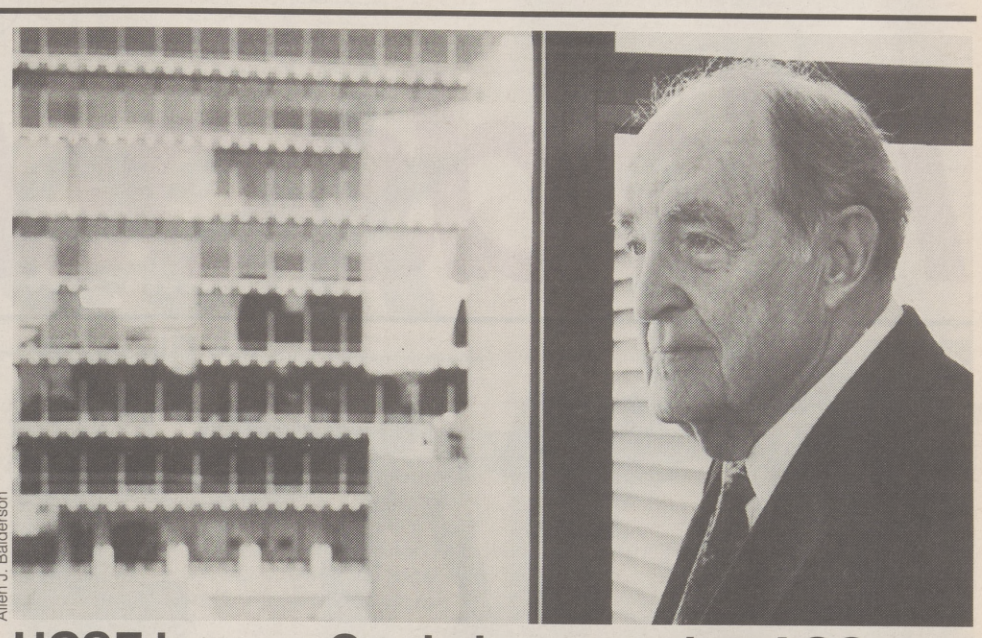
♦ Hang up immediately on obscene telephone callers.

Medsounds Continued

Barton cheers up young fans

Lisa Cisneros

Forty-niner football player Harris Barton signs an autograph for kidney transplant recipient Luis Barrera, 6, during his visit October 6 to the pediatrics unit at the Medical Center. It's been four weeks since Barton underwent surgery on his tricep muscle injured in a recent football game.



Allen J. Balderson

UCSF honors Crede by renaming ACC

In a campus ceremony on Friday, October 7, UCSF officially renamed the Ambulatory Care Center (ACC) to the Robert H. Crede ACC in a tribute to the professor emeritus of the Department of Medicine. Crede, who established the Division of Ambulatory & Community Medicine in the Department of Medicine, was responsible for improving the teaching of ambulatory care and establishing an exemplary primary care training pathway that has served as a model not only for UCSF, but for the nation.

Lisa Cisneros

Baker gets 'best supervisor' award

During National Housekeeping Appreciation Week, Loddie Baker, a supervisor in the Medical Center's Department of Environmental Services who has worked 21 years at UCSF, received the "Best Supervisor of the Year" award at an employee recognition ceremony from Mathias Chaplin, director of the department. Baker was recognized along with 30 other senior custodians from UCSF/Mount Zion, Moffitt/Long, the ACC and Langley Porter.

Health reform *(from page 8)*

3) Explore and expand, as appropriate, the partnerships for health services delivery. Specifically, these should be explored with the emerging health systems, other educational institutions and other health sciences schools in the UC system.

4) Use the interdisciplinary strengths of the campus to respond to patient care needs with new uses of personnel and develop and model new arrangements for care delivery.

5) Establish a decision-making process regarding clinical programs that allows UCSF to respond competitively to a rapidly changing health care market, yet takes advantage of its definitive strengths as an institution—interdisciplinary programs, public service and research capabilities.

The task force invites the participation and comments of the campus community on UCSF's response to health care reform. Comments may be forwarded to Edward O'Neil, co-chair of the task force and executive director of the Pew Center for Health Professions at campus Box 1242.

Survivor *(from page 8)*

limited area and it could be surgically treated."

Upon hearing her diagnosis in 1988, Simpson called her mom, who works as a nurse in plastic surgery at the University of Chicago. "That's the first thing that we do when we get in trouble, we call our mother. Nobody gets news like that without being shocked and horrified," Simpson recalls.

In retrospect, Simpson, who has had family members who have died of cancer, says she should have urged further investigation of a fibrous area in her left breast. "I think it's best to be 100 percent sure you have the right diagnosis," she says. "But that's a difficult thing for human beings to do. What you want to do is take the good news and go."

Because plastic surgeons at the University of Chicago were performing breast reconstruction at the same time as the mastectomy, Simpson checked herself in for surgery in late October 1988.

For Simpson, the choice to get reconstruction was obvious. "Reconstruction makes me feel more normal," she says. "It was definitely a better outcome because when I woke up, the breast wasn't gone. It was made from my own tissue and fat from my abdomen. Besides, I got a free tummy tuck!"

Simpson came back to UCSF to have radiation and chemotherapy in November 1988. "I think the way [the treatments are] portrayed by the media is too extreme," Simpson says. "They're not that bad. I think if you're determined to get through it and you're in good health, it's not as devastating as people say."

Simpson continued working during treatments, except for a few days when she felt nauseous. "My life was normal, I worked, I traveled."

About the toughest side effect from the chemotherapy was experiencing hair loss. "I've heard women say that that is worse than losing the breast. That may be so."

Simpson says women can survive breast cancer if they keep a positive attitude. "There are different ways you can handle it," she says. "It's very easy to get very depressed and very upset and not be mentally prepared."

But in choosing whether to fight or to take flight, Simpson says, "the choice of fighting is better than the choice of fleeing because you have to deal with the problem head on."

Sports *(from page 8)*

Cannon, who specializes in arthroscopic knee surgery, a minimally invasive technique to repair problems inside the joint, has been on the staff at UCSF for 22 years, becoming full-time in 1990. The Sports Medicine Center's newest physician, orthopaedic surgeon John Bellzer, specializes in shoulder surgery.

"I'm looking forward to developing an exciting practice to begin a new era of arthroscopic shoulder treatment at the center," says Bellzer, who trained at the Southern California Orthopaedic Institute.

The orthopaedic surgeons say they'll have a place in the managed health care environment because they help rehabilitate injured patients on a daily basis to return to their regular activities.

Such is the case for Stanford fullback Greg Comella, who suffered a torn anterior cruciate ligament during the last two minutes of the first game of the season against Northwestern. Comella was carrying the football around left end when he hit the gridiron.

"Somebody ended up on top of me," the sophomore recalls. "I got up and managed to walk to the sidelines when we saw the bruise on my knee."

That game, which ended in a tie of 41 to 41, finished the season for Comella, 19, who was referred to Cannon for surgery. "He's done a great job on my leg," Comella says of Cannon's handiwork. "I hardly feel any pain at all."

With the help of physical therapist Theresa Hall and a pair of crutches, Comella was up and walking around the halls of Long Hospital the day after his operation.

To make an appointment at the Sports Medicine Center, call 476-8936 for physician services or 476-3530 for physical therapy services.

Lisa Cisneros

Stanford fullback Greg Comella, a patient of W. Dilworth Cannon, walks the day after his knee surgery with the help of Theresa Hall, a physical therapist.

Grant *(from page 8)*

diagnosis within a given time period. They also will test the hypothesis that mammographically detectable tumors are less aggressive than mammographically undetectable tumors.

About $550,000 has been awarded for the first year, the highest installment over the five years because start-up costs include purchasing computer equipment.

While there have been a few pilot studies of mammographic database systems in this country, there hasn't yet been a population-based registry, Ernster says. Creating a computerized network that links 17 different mammography-testing sites will not be easy since each has an individualized system.

Colloborators in this research effort include Edward Sickles, professor of radiology; Deborah Grady, associate professor of epidemiology and biostatistics and medicine; Karla Kerlikowske, assistant professor of medicine and epidemiology and biostatistics; and Fred Waldman, associate professor of laboratory medicine.

Volume 9, Number 18 October 29-November 11, 1994

UCSF Medsounds

Special section — What must UCSF do to survive?

Karen Preuss

"Race for the Cure" funds research

The UCSF/Mount Zion Cancer Center was a local sponsor of the "Race for the Cure," a 5K run and 1-mile walk through Sharon Meadow in Golden Gate Park on October 23. The race was one of 46 events held throughout the nation to raise money for breast cancer research, education and screening for medically underserved women. (Above, right to left) I. Craig Henderson, director, Cancer Center; Shaunna Kersten, nurse practitioner, Cancer Center; Suzanne Sullivan, assistant director, UCSF Ambulatory Services; Laura Esserman, assistant director, Breast Care Center; Ernest Rosenbaum, medical director of the Cancer Center's Resource Center; his wife, Isadora Rosenbaum; and Amy Henderson, daughter of I. Craig Henderson.

Chancellor's Task Force tackles health care reform

To succeed in the ever-changing health care marketplace, UCSF will have to adapt its teaching, research and health care services to become more accountable to its students, patients and society in general, according to a report issued by the Chancellor's Task Force on health care reform.

MANAGING MANAGED CARE

Chancellor Joseph B. Martin asked the task force, made up officials from the Medical Center and all four Schools including the Graduate Division to examine broad issues driving changes in health care in the US and to develop strategies to help UCSF conform to federal, state and local market conditions.

Perhaps the greatest challenge to an academic health center is trying to improve the quality of health care, education and research in an era of constrained financial resources.

"UCSF will need to draw on its many strengths as a center of excellence in order to successfully compete in the evolving health care system," the report states. "However, much of the unique character of the academic health center in training and research, as a center for care for patients with special medical and social needs, places UCSF at a competitive disadvantage in the medical marketplace."

The task force came up with recommendations for health care delivery, education and research. The recommendations below are those intended for health care delivery.

1) Ensure that a strategy for all clinical programs fits the following themes: maintain a broad array of clinical programs that respond to teaching, research and health care delivery needs and are tied to the shifting realities of the health care marketplace; emphasize tertiary care programs in areas needed for teaching and research in a cost effective manner; develop new and expanded primary care programs; attend to underserved populations; develop and model new arrangements for care delivery and develop population-based programs that emphasize prevention and cost containment.

2) Expand current quality improvement efforts to include documenting outcomes to improve patient care, managing costs, improving patient satisfaction and developing an adequate information management system.

(See **HEALTH REFORM** *on page 7)*

UCSF breast cancer survivor fights back

By LISA CISNEROS

Breast cancer survivor Lynette Simpson was not about to let National Breast Cancer Awareness Month go by without doing what she does best: taking her message to the public.

As a marketing and public relations professional for more than 20 years, Simpson helped to orchestrate the fundraiser, "Celebrate the Women in Your Life," held October 13 at the San Francisco Gift Center. It was her first major undertaking to fight the "awful disease" that affects about one woman in nine.

Simpson

"You can ask any group of people and you will find out most of them know a woman who has had breast cancer," says the 48-year-old Pleasanton woman.

A partner and vice president of marketing at Sun Country Cable, which operates small cable television systems in three western states, and a partner in Kinley Simpson Associates, a telecommunications consulting firm in Pleasanton, Simpson was well suited to organize the benefit to raise money for the UCSF Breast Cancer Research Fund, which is dependent upon volunteer efforts and donations.

"I wanted to give something back to UCSF," says Simpson, who was first diagnosed with breast cancer after having a mammogram in October 1988 and was treated at the Medical Center.

"It's possible that this fundraising effort will help me," Simpson says. "There's a very good chance that I will have another recurrence. But today, I feel absolutely fine."

Simpson's doctor, Hope Rugo, an assistant clinical professor of oncology at UCSF, says she admires Simpson's courage and committment to fight the disease. "She's a great person. It's very exciting to see somebody with that much energy directing it toward a good cause."

Simpson has had two recurrences since she was first treated in November 1988. In 1991, doctors found a cancerous lymph node under her right arm. She had an autologous bone marrow transplant at UCSF in June 1991.

Rugo says autologous stem cell rescue is under investigation as a treatment for breast cancer. "The early results are encouraging, especially in the high-risk early disease," she says. "But it is unclear if you can cure anyone with mestastic breast cancer."

And although Simpson had a liver resection two years after the bone marrow transplant, she looks on the bright side. "Fortunately, each recurrence has been in a really

(See **SURVIVOR** *on page 7)*

Sports Medicine Center celebrates first year

Baseball and hockey players may be on strike, but that doesn't stop the flow of injured sports enthusiasts to the UCSF Sports Medicine Center.

"We serve patients with diverse needs — from weekend warriors to professional athletes," says orthopaedic surgeon W. Dilworth Cannon Jr., director of the center.

Treating patients with acute and chronic sports injuries to the knee, shoulder, elbow and hip, the Sports Medicine Center celebrated its one-year anniversary October 12 with a reception.

Since its opening on the I level of Millberry Union last August, about 3,100 patients have worked through their injuries in the state-of-the-art facility that features a variety of fitness machines including Stairmasters, stationary bicycles and treadmills.

A multidisciplinary team of physicians, physical therapists and fitness experts works collaboratively to develop a treatment plan tailored to each patient's needs. For physical therapist Jillian Cripps, that's the most challenging part of her job. "I incorporate the patient's own goals with what can be achieved realistically," she says.

UCSF/Mount Zion Cancer Center holds open house for public

The UCSF/Mount Zion Cancer Center and its new comprehensive Resource Center will be introduced to the public at a community open house on Friday, November 18. The Resource Center offers information to the public on all types of cancer and supportive services.

The opening of the outpatient facility is another step toward creating what could become the only National Cancer Institute–Designated Comprehensive Cancer Center in Northern California.

The celebration for the creation of the Center and the open house will be from 3:30 to 7 p.m. at the UCSF Mount Zion Cancer Center, 2356 Sutter Street. People will have a chance to meet internationally and nationally known UCSF cancer care specialists and tour the eight-story Cancer Center and its Resource Center.

The newly renovated 48,000 square-foot outpatient Cancer Center houses multi-specialty teams, including surgical, radiation and medical specialists, organized around specific types of cancer. Already in place are programs that diagnose and treat breast cancer, melanoma, head and neck tumors, urologic cancers such as prostate, and gynecologic cancers including ovarian, endometrial and cervical. A lung cancer program is being developed.

"An important component of any cancer center is community outreach and education made available to everyone and that is the goal of our Resource Center," says I. Craig Henderson, director of clinical cancer programs at the UCSF/Mount Zion Cancer Center.

More about the Resource Center

The UCSF/Mount Zion Breast Health Resource Center opened recently at 2356 Sutter St.

Kerry McGinn, UCSF breast health nurse and breast cancer survivor, is coordinator of the center, which provides current information on treatments, clinical trials and nutrition for cancer patients and their families. It also offers support groups, breast self-examination classes and referrals to community services.

The Auxiliary at UCSF/Mount Zion gave $100,000 to the Breast Care Center to fund audio-visual equipment, books and other educational tools and supplies for patients and their families.

For more information on the resource center, call 885-3693.

UCSF gets NCI grant to establish mammogram registry

By LISA CISNEROS

The National Cancer Institute has awarded UCSF a five-year grant to establish a computerized registry that will combine data from all facilities that perform mammograms to screen for breast cancer in San Francisco.

The grant of about $2 million will finance a major registry in San Francisco that will allow researchers to determine the prevalence of mammography by age and ethnic group and the variation of test results across 17 public and private facilities, including hospitals, clinics and medical offices in San Francisco.

"The key feature of the registry is to create a standardized, computerized mammographic data base — including information on breast cancer risk factors — that can be linked to the regional tumor registry," says Virginia Ernster, professor of epidemiology and biostatistics and the principal investigator of the project. "This will allow the researchers to better understand the accuracy of mammography in predicting breast cancer."

"There is no centralized system in this country," says project coordinator Heather Wilkie, "and there is great variation across mammography facilities in the proportion of mammographic examinations that are interpreted abnormal and in the completeness of follow-up for those women."

The grant will support three research plans, all aiming to improve the accuracy and efficiency of mammography screening. Researchers will study issues related to mammographic screening policy, identify features of mammographic screening that might improve its predictive value, and conduct biologic studies of screen-detected breast cancers compared to cancers not detected by screening.

They will determine what is the average time from an abnormal test result to a breast cancer diagnosis and treatment and what proportion of women with normal mammographic tests have a breast cancer

(See **GRANT** *on page 7)*